

*Mr. Gristone.*  
*Mr. Bowler. IIIA*

*MR. HALLETT.*

ROSELEY URBAN DISTRICT COUNCIL.

*Transmit  
Please attach to  
1201/3*

*Staff*

# ANNUAL REPORT

ON THE

## PUBLIC HEALTH SERVICES

FOR

### 1936

JAMES GORMAN, M.B., CH.B., D.P.H.,  
Medical Officer of Health and School Medical Officer.

GEORGE H. PARKES, M.I.H., C.R.S.I., M.S.I.A.,  
Sanitary Inspector.



COSELEY URBAN DISTRICT COUNCIL.

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**ANNUAL REPORT**  
ON THE  
**Public Health Services**  
FOR  
**1936.**

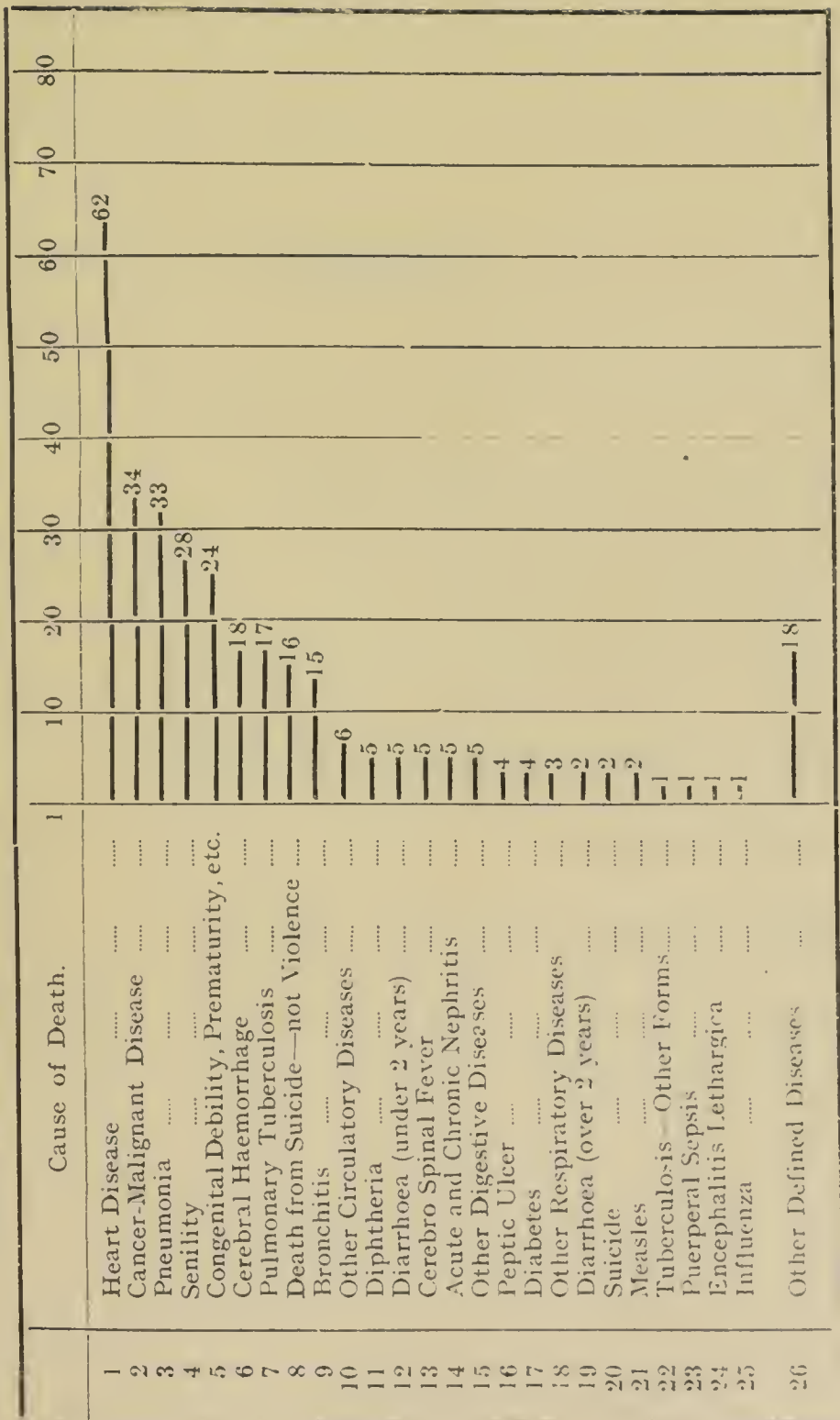
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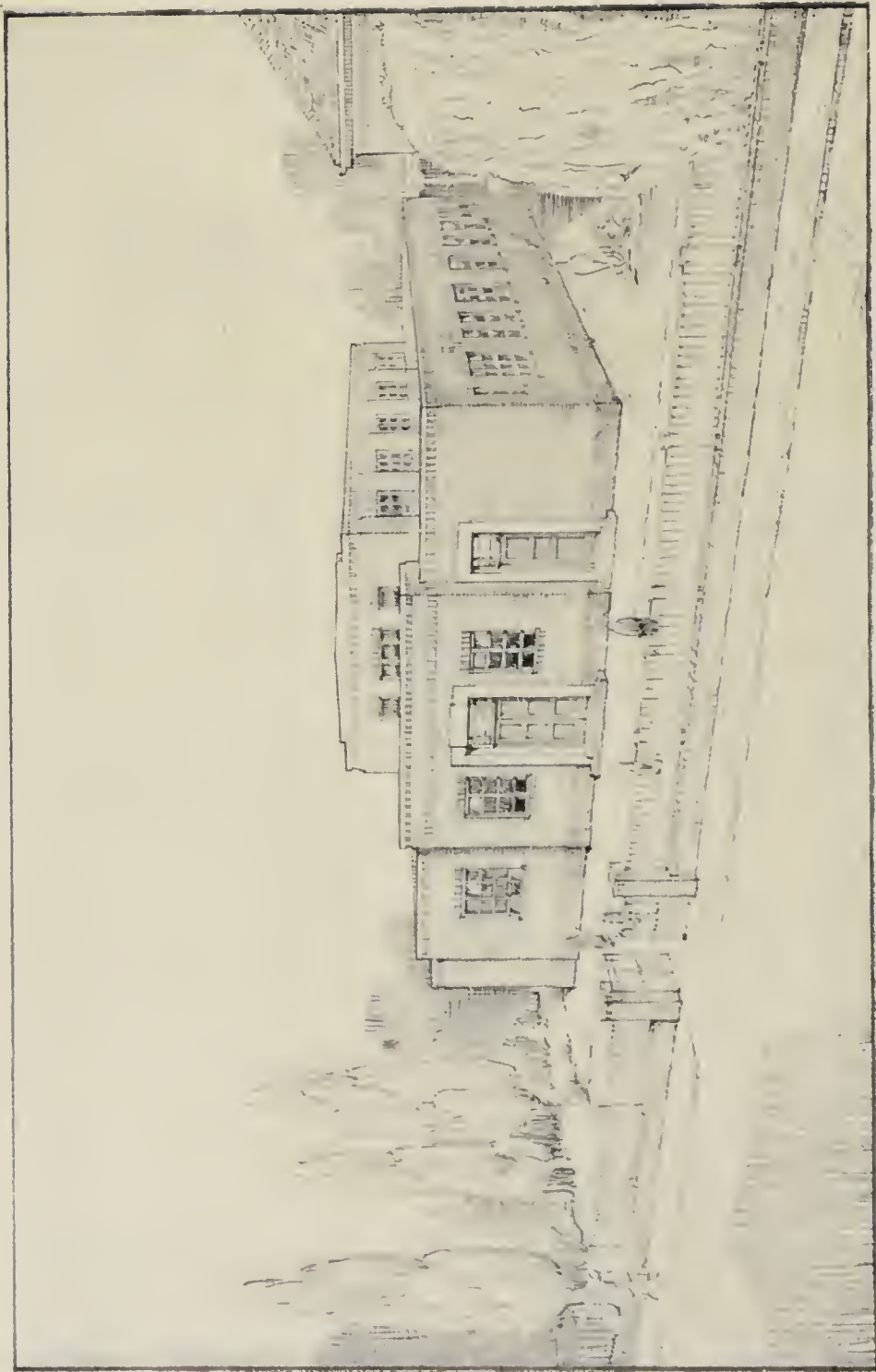
Chart showing Principal Causes of Death in Coseley in 1936.



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**NEW MATERNITY & CHILD WELFARE CENTRE AND MINOR AILMENTS CLINIC.**

ARCHITECTS—MESSRS. SCOTT & CLARK. J. PERCY CLARK, F.R.I.B.A., A.R.C.A.

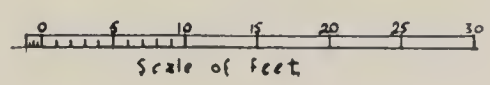


# NEW MATERNITY & CHILD WELFARE CENTRE AND MINOR AILMENTS CLINIC

*Architects—Messrs. Scott and Clark  
J. Percy Clark, F.R.I.B.A., A.R.C.A.*



P L A N





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## COMMITTEES

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### Health Committee

Consisting of all Members of the Council.

Chairman—Councillor S. DAVIES, J.P.

---

### Maternity and Child Welfare Committee

Councillor Allen

Councillor Greensill

„ Barnsley

„ Hartland

„ Bennett

„ Higgins

„ Davies

„ Mobberley

„ Elwell

„ Richards

„ Flavell

„ Swann

„ Gough

„ Ward

„ Grange

„ Wilson

Mesdames Hancox and Smallman.

Chairman—Councillor S. DAVIES, J.P.

---

### Housing and Slum Clearance Committee

Consisting of all Members of the Council.

Chairman—Councillor E. RICHARDS.

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### Sewerage Committee

Consisting of all Members of the Council.

Chairman—Councillor B. WARD.

## PUBLIC HEALTH OFFICERS OF THE AUTHORITY

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Medical Officer of Health, Medical Officer for Maternity and Child Welfare, School Medical Officer—JAMES GORMAN, M.B., Ch.B., D.P.H.

Hon. Consultant and Deputy Medical Officer of Health and School Medical Officer—C. HOPE WADDELL, L.R.C.P.I., L.R.C.S.I., L.M.

Sanitary Inspector and Inspector of Factories and Workshops—GEORGE H. PARKES, M.I.H., C.R.S.I., M.S.I.A.

Cleansing Superintendent, Assistant Sanitary Inspector, Inspector of Canal Boats—FREDERICK E. TOON.

Inspectors of Shops—FREDERICK E. TOON.  
ROBERT P. EVANS.

Health Visitors—TRYPHENA NICHOLSON, C.M.B., R.S.I., S.R.N.

DOROTHY FORSTER, C.M.B., R.S.I., S.R.N.

Clerkess—MISS J. MILLS.

# SUMMARY OF CONTENTS.

Area of District (in acres) .....	3,294
Population—1931 Census .....	25,137
Population—Reg. General's Estimate (Mid. 1936) .....	27,460
Rateable Value (reduced) .....	£84,586
Amount of General Rate, 1935-36 .....	14/- in £
Sum represented by a Penny Rate .....	£300 14 3d.
No. of houses on Rate Book, December, 1935 .....	7,295
No. of houses erected, 1936—By Council .....	103
No. of houses erected, 1935—By Private Enterprise .....	271
No. of houses demolished in 1936 .....	62
Total number of Houses owned by the Council .....	1,047
Live Birth-rate (Coseley) 1936, per 1,000 population .....	19.91
Death-rate (Coseley) 1936, per 1,000 population .....	13.38
Infant Mortality Rate (1936) per 1,000 live births .....	85.92
Respiratory Tuberculosis Rate (Coseley) 1936 .....	0.619
Other Forms of Tuberculosis Rate (Coseley) 1936 .....	0.036
Cancer Death-rate (Coseley) 1936 .....	1.23
Diarrhoea and Enteritis Death-rate (children under two years) per 1,000 live births .....	9.14
Stillbirth Rate per 1,000 population (Coseley) 1936 .....	0.72
Stillbirth Rate per 1,000 live and stillbirths .....	35.27
Maternal Mortality Rate (Coseley) 1935—	
(a) per 1,000 live births .....	1.82
(b) per 1,000 total births .....	1.76
Influenza Death-rate (Coseley) 1936.....	0.03
Pneumonia Death-rate (Coseley) 1936 .....	2.33
Violence Death-rate (Coseley) 1936 .....	0.58

# COSELEY URBAN DISTRICT COUNCIL.

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## ANNUAL REPORT of the MEDICAL OFFICER OF HEALTH (JAMES GORMAN, M.B., Ch.B., D.P.H.) FOR THE YEAR 1936.

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*To the Chairman and Members of the Coseley Urban District Council*

Gentlemen,

I have the honour as Medical Officer of Health to present to you the Annual Health Report for the year 1936.

### **Vital Statistics.**

The population of the area has increased from 26,420 to 27,460. The natural increase as shown by the return of births and deaths was 230.

The Birth Rate—live—shows a small increase and remains above that of the Country as a whole, while the still-birth rate has fallen somewhat.

A slight rise has occurred in the Death Rate.

### **Housing.**

The year under consideration shows a marked step forward so far as the amelioration of housing conditions in the district is concerned.

A complete survey was made under the Housing Act, 1935, and preliminary steps were taken to combat the overcrowding found.

Details will be given subsequently in this Report, but it should be mentioned here that one hundred and three houses were built by the Council for the relief of persons dispossessed under Slum Clearance Schemes.

Sixty-two houses were demolished as a result of action by the Council under the Housing Acts.

The housing problem in all its aspects, has, therefore, been tackled in determined fashion during 1936, and every effort will be made in succeeding years to maintain this standard of progress.



## **Maternity and Child Welfare.**

The Birth Rate of 19.91 has been remarked as favourable.

It is interesting to note, in this connection, that the lowest Birth Rate for the district in the ten years preceding 1900 was 36.2 per 1,000 population.

The Neo.Natal Mortality Rate—38.4—per 1,000 Births is made up mainly by prematurity and congenital debility which causes between them account for thirteen of the twenty-one deaths under one month.

There has been a rise in the Infantile Mortality Rate and the main cause of this has been an increase in the number of deaths from respiratory affections, while those certified as being due to prematurity were nine, as against ten last year.

This latter factor is complex but ante-natal care sought early and continued throughout would at least make the chances of such occurrences minimal while ensuring that the subsequent management of the child would be in the hands of one instructed in the importance of good mothercraft.

The incidence of respiratory diseases also depends upon a diversity of circumstances, and again the preventive aspect of the question asserts itself.

Much has been, and is being done from what one might term the general social side of prevention, but the personal element must also rank as important and a full utilisation of the social services provided is most desirable if a generally acceptable result is to be achieved.

One maternal death occurred during the year, caused by Puerperal Sepsis.

## **Infectious Diseases.**

Scarlet Fever showed a big decrease in incidence— the number of cases dropping by half.

Diphtheria caused five deaths and will be referred to later in more detail.

I would point out most emphatically that every case of sore throat occurring in a child is a subject not only for speculation, but also for action, and in such circumstances medical advice should be sought without delay. Where this is not done—and this happens too often—irreparable damage may be caused.

## **Isolation Hospital Accommodation.**

The past year has again seen meetings between various Authorities interested in the question, but at the end of the year it would seem that some progress had been made towards the provision of a joint hospital.

So far as Coseley is concerned such an institution cannot come too soon as it would be very easy to visualise circumstances occurring in which the accommodation for infectious cases would prove inadequate.

### **New Maternity and Child Welfare Centre.**

Plans of the proposed Clinic were approved by the Ministry of Health and Board of Education, and work on the building was commenced in November.

### **Offices.**

Comment that the accommodation was inadequate was made in my last Annual Report. The position remains unaltered.

### **Acknowledgements.**

I would thank sincerely the Chairman, Councillor S. Davies, J.P., and Members of the Health and Maternity and Child Welfare Committees for the support accorded to me.

Co-operation on the part of Council Officials has been most willingly granted, and has been of great service.

In conclusion, I would pay tribute to the help which Dr. Waddell has at all times been generous in supplying.

I remain,

Mr. Chairman and Gentlemen,

Your obedient Servant,

JAMES GORMAN.



## SECTION A.

Area .....	3,294 acres
Registrar General's Estimate of Population .....	27,460
Number of inhabited houses .....	7,295
Rateable Value (reduced) .....	£84,586
Sum represented by a penny rate .....	£300 14s. 3d.

### Social Conditions.

No material change has occurred either in the characteristics of the area or in the industrial conditions since these were last reported upon.

### Unemployment.

As I mentioned last year exact figures cannot be supplied in this regard, but the number of unemployed showed a decrease consequent mainly upon continued activity in the iron and steel trade.

### Open Spaces.

The Coseley Silver Jubilee Park was opened to the public by Councillor J. Grange, in the course of the year.

Situate as it is in a central and commanding position, this park is an important asset to the district, both from an ornamental and a practical standpoint.

### Building.

The number of inhabited houses in the district shows an increase as compared with the previous year.

### Extracts from Vital Statistics.

#### Births.

	Total.	Males.	Females.	Birthrate per 1,000 estimated population.
Live—Legitimate .....	543	279	264	19.77
Illegitimate .....	4	3	1	.14

	Total.	Males.	Females.	Rate per 1,000 "Live" and "Still" Births.
Still—Legitimate .....	20	8	12	35.27
Illegitimate .....	—	—	—	—

"Still" Birthrate per 1,000 population—.72

#### Deaths.

	Total.	Males.	Females.	Deathrate Adjusted per 1,000 estimated population.
	317	178	139	13.38



## Deaths

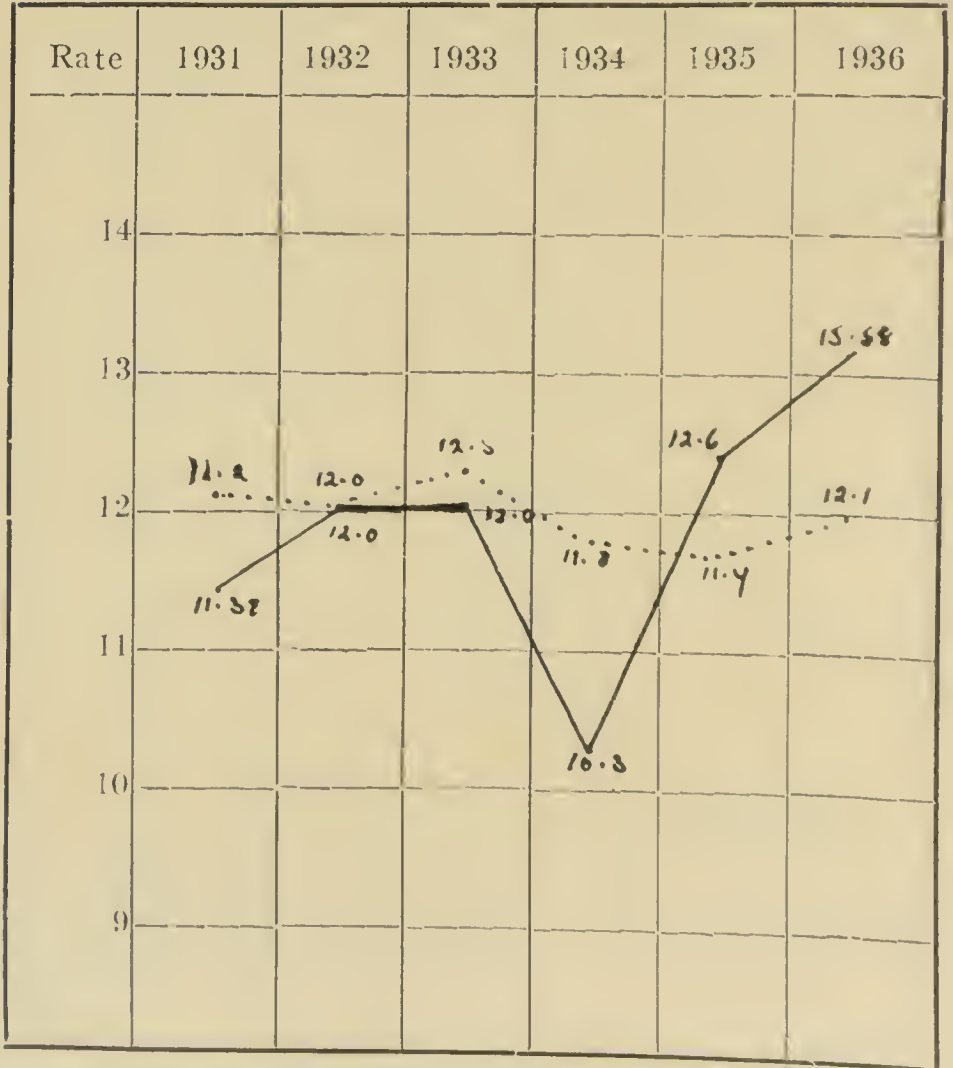
Three hundred and seventeen deaths occurred in 1936 in Coseley and a rise in the rate from 12.6 to 13.38 falls to be recorded. This latter figure is the corrected Death Rate and the factor for Coseley is 1.16.

As last year Heart Disease and Cancer were responsible for the largest number of deaths in the individual groups of causes, although the Cancer Mortality Rate is a fraction lower than last year.

The trend of the Births and Death Rates in Coseley as compared with England and Wales is given in Charts 1 and 11. Deaths occurring in Institutions are noted in Table VI, and in Table XIV a note is made of the number occurring in each month.

# CHART I.

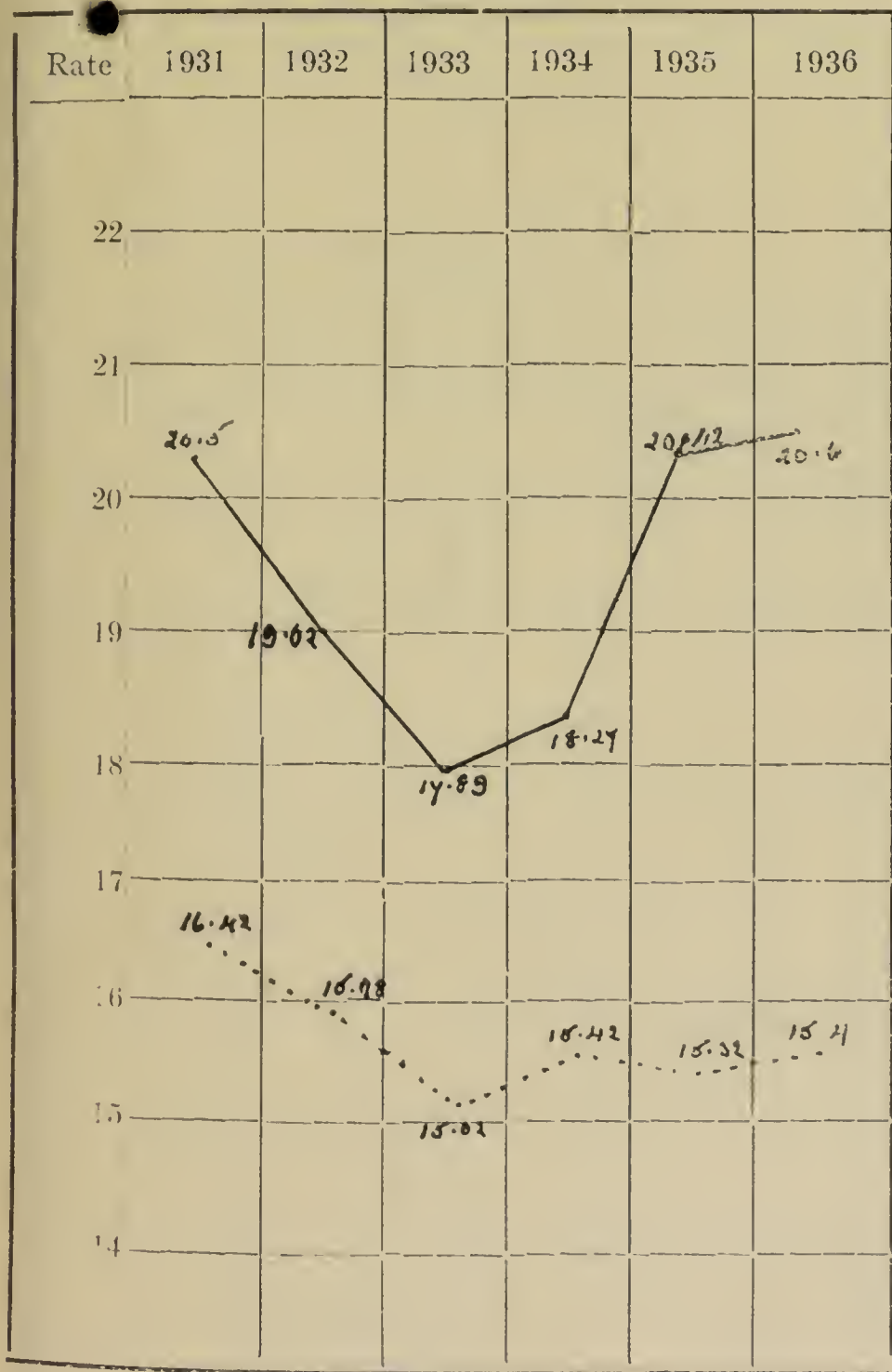
Showing Total Death-rate for England and Wales, and for Coseley per 1,000 population, 1931-1936



Coseley——— England and Wales

# CHART II.

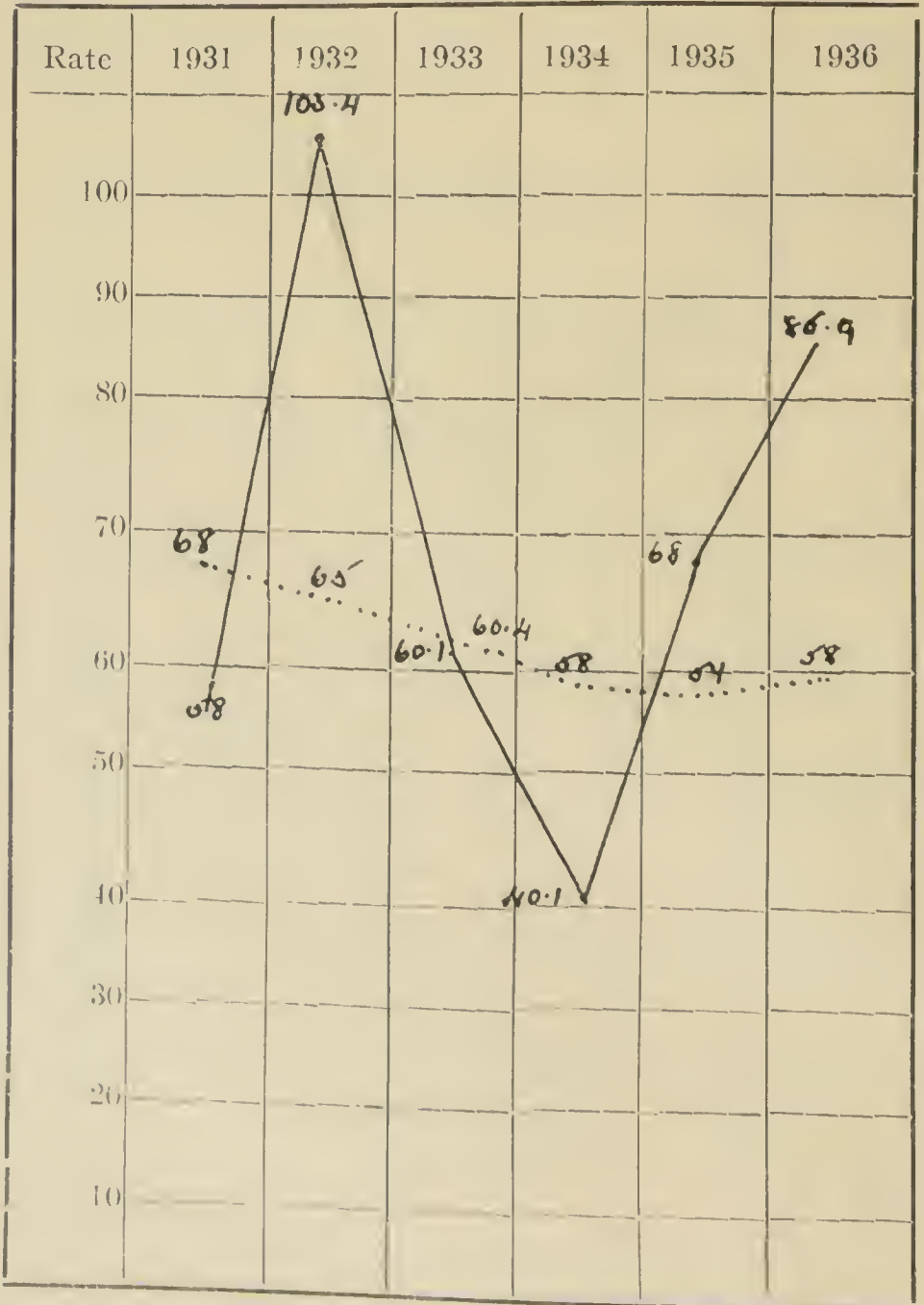
Showing Total Birth-rate for England and Wales, and for Coseley per 1,000 Population, 1931—1936



Coseley ——— England and Wales

### CHART III.

Showing Infant Mortality for England and Wales, and for Coseley,  
Rate per 1,000 Births.



Coseley — England and Wales



## SECTION B.

### GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Details as to the Public Health Officers of the Authority have been incorporated at the beginning of the report.

#### 1. (i) **Additional Sanitary Inspector.**

During the latter part of the year opportunity was taken to present to the Health Committee a report on the increasing volume of work falling to the lot of the Sanitary Inspector. Mention was made especially of the obligations under the Housing Acts—notably the sections concerned with Overcrowding and Slum Clearance—while the importance of maintaining a close supervision over the various food supplying services in the district was emphasised. A suggestion was made that the time was ripe for the appointment of an additional Sanitary Inspector and this was agreed to by the Council. The necessary steps were then taken to secure approval of the proposed appointment.

#### (ii) (a) **Laboratory Facilities.**

Arrangements in this regard remain unaltered. Results of swabs sent to the County Laboratory, Stafford, for investigation, are appended below.

**TABLE A.**

Disease.	Results.		Totals.
	Negative.	Positive.	
Diphtheria .....	177	14	201
Diphtheria (Bact.) .....	1	—	1
Tuberculosis .....	29	8	37
Tuberculosis (Bact.) .....	1	—	1

#### (b) **Ambulance Facilities.**

These remain as in the last Report.

#### (c) **Nursing in the Home.**

The two nurses under the local control of the Coseley District Nursing Association are of great service in meeting the needs of the sick, and the Association continues to be an important health unit of the District.

#### (d) **Clinics and Treatment Centres.**

There is one Maternity and Child Welfare Centre at Bayer Hall. Clinics are held bi-weekly and there is a staff of two whole time Health Visitors.

The new Maternity and Child Welfare and Schools Clinic has been noted as in course of construction.

The particulars of work done at the Welfare Clinics are given on page 16.

#### (e) **Hospitals.**

These have not altered since last year.

### 3. **Midwifery and Maternity Services.**

#### **Midwives.**

Thirty-four midwives in the area are under the control of the Staffordshire County Council and the administration of the Midwives Act, 1936 is also in the hands of that body.

A meeting was held at Stafford in connection with this Act and representatives from Coseley attended.

#### **Local Services.**

Dr. Taylor from the Ministry of Health visited the district during the year and reviewed the scheme in detail. The possible expansion of services consequent upon the provision of a new clinic was also discussed. A plan of the clinic is given on frontispiece.

Two developments took place during 1936.

A scheme was introduced for the supply of milk and other foods to expectant and nursing mothers and children under five.

Such supply is given either free or at a cost calculated upon the income left per head of the occupants of the house after rent has been deducted from the total income. Participants in the scheme are asked to attend at the Welfare Centre so that the results may be carefully watched and each case is reviewed monthly.

In view of the recent inauguration of the arrangements a review of the results is not yet opportune.

A Toddlers Clinic for children of 2-5 years was commenced and held monthly.

The response has been most satisfactory.

Special invitations are sent to cases in which attendances is deemed more than usually desirable.

If full advantage is taken of these clinics, the result should in due course be seen in a reduction of defects in school entrants as many minor defects may be ascertained which would otherwise go unnoticed or untreated until school age arrived.



### 3. Midwifery and Maternity Services, continued.

#### Dental Scheme.

A suggestion was made to the Committee that provision should be made for holding a special dental session for expectant mothers and children under five years.

#### Institutional Provision for Mothers and Children.

The arrangements have not undergone any change during the year.

Six cases were admitted to the Women's Hospital under the Council's Scheme for specialist examination and treatment in difficult or complicated ante-natal and labour cases.

The amount paid by the Council for these cases was £41 4s. 0d.

Six cases of Puerperal Pyrexia and Fever were also treated in hospital at a cost of £64 16s. 0d.

Special consultation fees and bacteriological examination cost £9 1s. 0d. during the year.

#### Health Visitors.

Details of the personnel have already been given.

Particulars of the visits paid by them and of the attendances at the Child Welfare Clinics are appended herewith.

No. of visits to children under 1 year of age—

First Visits	.....	.....	.....	548
Total Visits	.....	.....	.....	2,714

No. of visits to children between 1—5—

Total Visits	.....	.....	.....	5,039
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Total attendances at Centre during the Year : —

(1) By children under 1 year of age	.....	.....	.....	2,823
(2) By children between 1—5 years of age	.....	.....	.....	1,004

Total number of children who attended at the Centre for the first time during the year, and who, on the date of their attendance were :

(1) Under 1 year of age	.....	.....	.....	.....	233
Percentage of notified live births	.....	.....	.....	.....	42.75
(2) Between the ages of 1 and 5 years	.....	.....	.....	.....	101

Total number of children who attended at the Centre during the year, and who, at the end of the year, were : —

Under 1 year of age	.....	.....	.....	.....	208
Between the ages of 1 and 5 years	.....	.....	.....	.....	396

The attendance at the Centre show a decided increase over the previous year.

The percentage of notified births attending during the year remains much the same at 42.75 vice 43.11 and this figure is disappointing.

## **Health Visitors, continued.**

It must, however, be borne in mind that in a relatively large and scattered district such as ours, a certain number of mothers attend clinics conducted by other local authorities and held in very close proximity to their homes.

The springing up of new areas of population in housing schemes at some distance from the centre of the district presents a problem which will become urgent in the near future, and if some building capable of partial use as a Welfare Centre, could be included in every large housing scheme removed from the vicinity of pre-existing centres, I think the initial cost would be amply offset by the result obtained.

### **4. Infant Life Protection.**

A visit was paid by Miss Allen of the Ministry of Health and certain suggestions were made by her.

This question is not a large one in Coseley and at the end of the year three children were on the Register.

The supervision and periodical visiting of these children is in the hands of the Health Visitors.

### **5. Boarded Out Children.**

No such children are in our area.

### **6. Orthopaedic Treatment.**

One child received specialist examination and treatment at Dudley Orthopaedic Clinic. Permission for this was kindly given by Dr. Blaker the Medical Officer of Health for Dudley. The visiting specialist attends from The Royal Cripples Hospital, Birmingham.

### **7. Voluntary Workers.**

I would record my deep appreciation of the services rendered by the small but enthusiastic band of ladies who give generously of their time and energy at the Welfare Centre.

## SECTION C.

### Sanitary Circumstances of the Area.

#### 1. (i) Water.

The sources of supply remain the same and the quantity and quality afford no grounds for complaint. Periodical examinations continue to be made both by the suppliers and by the Local Authority.

One house—2 Hayward Street—previously served by a well—was in the course of the year connected to the service mains.

Water from another well in the district which supplied a few houses was analysed and while satisfactory chemically was not so bacteriologically. No complaint had been received and the analysis was done in the routine course of events.

A warning notice was sent to all the householders emphasising the necessity of boiling any water used for domestic purposes and possible sources of contamination were investigated.

A careful watch was kept on the position and further examination will be made periodically. Other remedial action was, at the end of the year, under consideration.

#### (ii) Drainage and Sewerage.

Particulars of any changes which have occurred in drainage, sewerage, closet accommodation and Public Cleansing are appended in the following report by the Cleansing Superintendent.

#### Rivers and Streams.

There has not been any change under this heading since the last report.

The Council is represented on the Tame Basin Joint Committee.

## CLEANSING SUPERINTENDENT'S REPORT.

### SECTION C.

#### Sanitary Circumstances of the Area.

#### 1. (ii) Drainage and Sewerage.

During the year further extensions of sewers were constructed at the following places, viz. :—

1. **Hurst Road.** The extension of 267 lineal yards of 6in. foul sewer was completed with manholes, to drain new houses erected by private enterprise.
2. **Martin Street, Parkfield.** An extension to the existing 6in. foul sewer of 39 yards to drain houses erected by private enterprise and also to act as a carrier sewer to Taylor Road.

3. **Taylor Road, Parkfield.** 40 yards of 6in. foul sewer with 2 manholes to meet the requirements of private development off Martin Street.

## SEWERS ON HOUSING SCHEMES.

The following lengths of sewers have been laid to accommodate Housing Schemes constructed by the Council.

### 1. **Wednesbury Oak Housing Site.**

121 yards of 6in. foul water sewer.  
71- $\frac{2}{3}$  yards of 9in. foul water sewer.  
Complete with all necessary manholes.

36 yards of 6in. storm sewer.  
124 yards of 9in. storm sewer.  
158 yards of 12in. storm sewer.  
All complete with manholes.

### 2. **Woodcross Housing Site.**

924- $\frac{2}{3}$  yards of 6in. foul sewer.  
237 yards of 9in. foul sewer.  
All complete with manholes.

165- $\frac{2}{3}$  yards of 6in. storm sewer.  
374- $\frac{2}{3}$  yards of 9in. storm sewer.  
610- $\frac{2}{3}$  yards of 12in. storm sewer.  
All complete with necessary manholes.

## SEWERS CONSTRUCTED AND LAID BY PRIVATE ENTERPRISE.

1. **Hill Avenue.** A length of 82 yards of 6in. foul water sewer with one manhole to drain 16 houses.
2. **Ward Grove.** An extension of 292 yards of 6in. foul water sewer including 3 manholes to drain 70 houses.
3. **Gordon Avenue.** 160 yards of 6in. foul water sewer including 3 manholes to drain 24 houses.
4. **Pruden Avenue.** 166 yards of 6in. foul water sewer with 2 manholes to drain 35 houses.

### 3. (i) **Closet Accommodation. •**

No. of water closets in the District	.....	6,366
" " privy vaults	.....	73
" " privy middens	.....	4
" " pail closets	.....	60
" " cesspools	.....	82
" " ashbins	.....	6,980
" " privies converted to water closets	.....	7



## (ii) Public Cleansing.

As Cleansing Superintendent I am responsible for the collection and disposal of house refuse, the emptying of pails, privies and the contents from cesspools.

The work is carried out by direct labour, the transport consisting of one horse and three motor vehicles.

A staff of 17 men is engaged on collection and 2 men on disposal work.

The collection service is organised on a weekly basis, all dustbins being emptied by day, and pails and privies at night, the latter being dealt with as frequently as required.

During the year the work of collection has been maintained in a satisfactory manner, notwithstanding the continual increase of new buildings. 393 houses have been erected, and more work has, of course, devolved upon the Department.

The net expenditure for the whole of the cleansing service during the period under review, is £2,730. £243 increase over the previous year includes increase of staff wages.

Disposal of refuse continues to be on controlled tipping lines, and this work receives constant and careful attention. So long as we remain so advantageously placed with so much land owned by the Council and available from other sources through mineral subsidies, tipping will continue to be the means of refuse disposal as with such facilities available, there is no cheaper method, and if carried out on the proper lines, there is not the slightest reason for complaint.

With reference to the cleansing of Cesspools, this work in the past has been by means of horse drawn vehicle with tank and hand scoop. This method was never satisfactory, but until the advent recently of a mechanical apparatus, it was the only practicable means available. Now, however, a Portable Diaphragm Lift and Force Pump was brought into service, and the purchase of this machine has been fully justified, in so far as the work can now be done in a thoroughly hygienic manner and all cesspool contents discharged into public sewer.

The following particulars show the number and estimated tonnage :—

- |    |   |       |       |       |       |       |                |
|----|---|-------|-------|-------|-------|-------|----------------|
| 1. | Estimated weight per load of 2 ton Bedford Vehicle  | ..... | ..... | ..... | ..... | ..... | 1 ton. 16cwts. |
| 2. | Estimated weight per load of 30 cwt. Morris Vehicle | ..... | ..... | ..... | ..... | ..... | 1 ton. 6 cwts. |
| 3. | Estimated weight per load of 1 ton. Morris Vehicle  | ..... | ..... | ..... | ..... | ..... | 18 cwts.       |
| 4. | Estimated weight per load per cart load             | ..... | ..... | ..... | ..... | ..... | 15 cwts.       |

No. of Vehicle.	Collection in loads.	Collection in tons.
No. 1 .....	2,225	4,005
No. 2 .....	2,850	3,705
No. 3 .....	1,648	1,483
No. 4 .....	1,532	1,149

Total refuse collection in tons .....	10,342
No. of houses and other premises .....	7,340
Population .....	27,640
Weight (in cwts.) per 1,000 population per day (365 days) to year .....	20.5

### COST FOR FINANCIAL YEAR 31st MARCH, 1937.

Particulars.	Collection.	Disposal.	Total.
Gross Expenditure .....	£2,479	£251	£2,730
Gross Expenditure per ton .....	4s. 9d.	6d.	5s. 3d.
Cost per 1,000 premises .....	£338	£34	£372
Cost per 1,000 population .....	£90	£9	£99
Rate poundage .....	7.6d.	8d.	8.4d.
Percentage to Total Rates .....	4.4W	.5W	4.9W

The following table gives the costs during the past five years.

Year ended March 31st.	Collection and Disposal.	Premises Cleansed.	Cost per annum of Premises Cleaned.
1933	£2,116	6,161	6 10
1934	£2,020	6,467	6 3
1935	£2,695	6,650	8 1*
1936	£2,487	6,940	7 2
1937	£2,730	7,340	7 5

\*Increase due to cost of new vehicle out of revenue.

## CANAL BOATS.

During the year 26 registered canal boats were inspected and these boats were found in a good state of repair, the cabins clean and free from overcrowding or infectious disease.

The canal traffic through Coseley has completely changed and none of the boats now make any calls in the district.

The accommodation on the boats was for 82 persons, and they were occupied by 40 men, 25 women, and 20 children.

F. E. TOON,  
Cleansing Superintendent.  
Assistant Sanitary Inspector.  
Inspector of Canal Boats.

## SHOP ACTS, 1935.

Very few shops in this district are affected by the above mentioned Act, as in most cases no assistants are employed.

In shops where assistants and young people are employed, the provisions of the Acts, are being carried out satisfactorily (i.e. Health, Comfort, Ventilation, Lighting, etc.).

Records and abstracts are exhibited as required by the Act.

During the past year no infringement of the Act has been reported.

F. E. TOON.  
R. P. EVANS.  
Shops Inspectors.

## Disinfestation.

During the year as will be seen from the figures, the problem of infestation has not been marked in the district and so far as bugs are concerned the chief method of attack has been by liquid insecticides and by sulphur gas.

Hydrocyanic Acid has not so far been utilised and the provision of a Disinfesting Station with such facilities would require most careful consideration. In the absence of an obviously suitable site and in a district such as ours, any necessary work might be carried out other than by direct labour.

The establishment of a disinfecting depot is a different matter as here, in addition to bedding and effects from Slum Clearance property, use might be made of a steam disinfector for the treatment of articles from households where Infectious Disease was prevalent.

## Re-Housing.

Watch is kept upon all furniture in cases where removal to new council houses under Slum Clearance Schemes is proposed, and the necessity of keeping the new dwelling free from infestation of any kind is emphasised.

Where there is any likelihood of the transferred furniture causing offence in this way the owners are strongly advised to burn the infested articles, while in addition any infested property is treated with one of the insecticides already mentioned prior to removal of the tenants.

The number of houses (not Council Houses) found to be bug infested was 34, but 42 were treated, these additions being for preventative purposes.



# THE ANNUAL REPORT

of the

## SANITARY INSPECTOR

for the year 1936.

Gentlemen,

I have much pleasure in presenting my Annual Report for the year 1936.

### Routine Inspections.

The total inspections of all kinds made during the year numbered 3,721. The total visits re complaints, inspections, and general matter were 2,830, and in connection with the following up of notices and to works in progress 864.

### SUMMARY OF INSPECTIONS.

TABLE I.

Visits re-complaints	.....	.....	.....	.....	.....	191
„ re-inspections	.....	.....	.....	.....	.....	260
„ to works in progress	.....	.....	.....	.....	.....	595
Infectious cases visited	.....	.....	.....	.....	.....	94
Houses disinfected	.....	.....	.....	.....	.....	101
Visits to slaughter-houses	.....	.....	.....	.....	.....	1,166
„ „ Meat shops	.....	.....	.....	.....	.....	705
„ „ Cowsheds and dairies	.....	.....	.....	.....	.....	50
„ „ Fish friers premises	.....	.....	.....	.....	.....	29
„ „ Bakehouses	.....	.....	.....	.....	.....	49
„ „ Workshops	.....	.....	.....	.....	.....	115
„ „ Offensive trades	.....	.....	.....	.....	.....	50
„ „ Outworkers premises	.....	.....	.....	.....	.....	8
„ „ Slaughter on private premises	.....	.....	.....	.....	.....	51
„ re Pigkeeping	.....	.....	.....	.....	.....	51
„ to Caravan dwellers	.....	.....	.....	.....	.....	14
„ „ Schools	.....	.....	.....	.....	.....	11
„ „ Overcrowding	.....	.....	.....	.....	.....	19
Houses disinfested	.....	.....	.....	.....	.....	42
Miscellaneous inspections	.....	.....	.....	.....	.....	111
Total						3,721

TABLE II.  
Particulars of Notices Served.

Nature of Notice.	No. served.	No. complied.	Legal Proceeding.
Intimation Notices .....	129	123	nil
Statutory Notices .....	19	19	nil
Miscellaneous Notices .....	21	21	nil
Total .....	169	163	nil

### Sanitary Defects.

The sanitary defects or nuisances for which notices were issued numbered 547 and the premises affected 304. The following table is a summary of these defects.

TABLE III.  
DEFECTS.

Houses with defective roofs .....	41
Houses with defective eavesgutters or R.W.P. ....	13
Houses without eavesgutters or R.W.P. ....	7
Houses with dirty and defective internal wall .....	63
Houses with dirty and defective ceilings .....	62
Houses with defective wood floors .....	16
Houses with defective quarry floors .....	23
Houses with defective general woodwork .....	24
Houses with defective window frames .....	15
Houses with fixed windows .....	3
Houses with dirty and defective staircases .....	17
Houses with defective treads and risers .....	21
Houses with dirty food-store .....	21
Houses with defective chimneys .....	11
Houses with defective brickwork of walls .....	32
Houses with brickwork requiring pointing .....	24
Houses with damp walls .....	24
Houses with defective ironwork of firegrates .....	27
Defective wash-house wall .....	12
Defective wash-house roofs .....	10
Defective wash-house floors .....	3
Defective wash-house fireboxes .....	5
Defective wash-house boilers .....	4
Defective or improper sinks .....	8
Defective and obstructed drains .....	52
Defective W.C. walls .....	7
Defective W.C. roofs .....	6
Defective W.C. pedestals (broken) .....	7
Defective W.C. fittings .....	9
Premises affected .....	Total 547
	304

## Sanitary Improvements.

The defects remedied or nuisances abated numbered 689 and the premises affected 312. Particulars of same will be found in the following table :—

TABLE IV.  
IMPROVEMENTS.

Roofs repaired .....	47
Eavesgutters or R.W.P. repaired .....	12
Eavesgutters or R.W.P. provided .....	4
Internal walls replastered and cleansed .....	88
Ceilings replastered and cleansed .....	74
Wood floors repaired .....	16
Quarry floors repaired or relayed .....	31
General woodwork repaired .....	33
Window frames repaired or new provided .....	40
Windows made to open .....	10
Staircases replastered and cleansed .....	44
Staircases treads and risers repaired .....	23
Foodstores cleansed .....	20
Chimneys repaired .....	25
Brickwork of walls repaired .....	26
Brickwork pointed-up .....	19
Damp walls treated .....	24
Ironwork of firegrates repaired or new provided .....	18
Wash-houses walls repaired .....	11
Wash-houses roofs repaired .....	11
Wash-house floors repaired .....	3
Wash-houses fireboxes provided .....	16
Wash-houses boilers provided .....	3
W.C. walls repaired .....	5
W.C. roofs repaired .....	7
W.C. pedestals provided .....	6
W.C. fittings repaired or new provided .....	9
Drains opened and cleansed .....	52
Sinks repaired or new provided .....	12
	<hr/>
Total .....	689
	<hr/>
Premises affected .....	312

TABLE V.

Number of registered slaughterhouses on register .....	1
Number of licensed slaughterhouses on register .....	10

The number of visits made to slaughterhouses for the purpose of meat inspection was 1,166, and on the occasion of slaughter on private premises 51, these visits being made as far as practicable at the time of, or just after slaughter.

Visits made to butchers shops numbered 705.

The number of animals slaughtered in slaughterhouses were greater than any preceding year, thus a greater portion of the time is taken in the inspection of the carcasses, and also in travelling. Animals slaughtered, Bovines 1,123, Sheep and Lambs 5,407, Pigs 4,616. Notices given 582.

121 pigs were slaughtered on unlicensed premises and 53 notices received.

TABLE VI.

### UNSOUND AND DISEASED MEAT.

Unsound and diseased food condemned with approximate weight.

Food Stuff.	Reason for destruction.	tons.	cwts.	lbs.
One cow .....	Emaciation and dropsical .....	—	3	44
Two pigs .....	Tuberculosis .....	—	1	28
Two sheep .....	Fevered (worried by dogs) .....	—	1	48
Two sheep .....	Mouldy (green and black) .....	—	1	68
Pigs heads .....	Diseased (Tuberculosis) .....	1	5	51
Pigs Organs .....	Diseased (Tuberculosis) .....	1	5	23
Sheep organs .....	Diseased and Parasitic .....	—	5	31
Bovine organs .....	Diseased and Parasitic .....	—	9	34
Total .....		2	8	103

### DAIRIES, COWSHEDS AND MILKSHOPS.

There were on the registers at the end of the year 15 cowkeepers, 14 wholesale traders, and 56 retail purveyors of milk.

The number of visits made to cowsheds was 50.

## FACTORY AND WORKSHOPS ACT.

No complaints were received from H.M. Factory Inspector during the year. The number of workshops and workplaces in the district are comprised as follows : —

Bakehouses	.....	.....	.....	8
Boat Builders	.....	.....	.....	2
Boot Repairers	.....	.....	.....	11
Coal Wharfs	.....	.....	.....	4
Garages, etc.	.....	.....	.....	9
Joiners, Builders and Decorators	.....	.....	.....	16
Scrap Dealers	.....	.....	.....	3
Tailors	.....	.....	.....	16
Wheelwrights	.....	.....	.....	7
Miscellaneous	.....	.....	.....	10
Total	.....	.....	.....	86

The visits to workshops numbered 116 and to bakehouses 49, There were 11 bakehouses on the register at the end of the year, and the premises generally found to be in satisfactory condition.

### Outworkers.

At the end of the year there were 4 registered outworkers in the district, employed by firms outside this Urban Authority. No case of infectious disease was notified among the outworkers.

### 1. Inspection of Factories, Workshops and Workplaces.

Including inspections made by Sanitary Inspector.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Occupiers Prosecuted. (4)
Factories (including Factory Laundries)	49	—	—
Workshops (including Workshop Laundries)	116	—	—
Workplaces (other than Out-Workers Prem- ises) .....	—	—	—
Total .....	165	—	—



## 2. Defects found in Factories, Workshops and Workplaces.

Particulars.  (1)	Number of Defects.			Number of offences in respect to which Prosecutions were instituted.  (5)
	Found.  (2)	Remedied.  (3)	Referred to H.M. Inspector.  (4)	
Nuisances under the Public Health Acts :—				
Want of Cleanliness .....	2	2	—	—
Want of Ventilation .....	—	—	—	—
Overcrowding .....	—	—	—	—
Want of drainage of floors .....	1	1	—	—
Other nuisances .....	—	—	—	—
Sanitary accommodation :—				
Insufficient .....	—	—	—	—
Unsuitable or defective .....	—	—	—	—
Not separate for sexes .....	—	—	—	—
Offences under the Factory and Workshops Acts :—				
Illegal occupation of underground bakehouses (s.101) .....	—	—	—	—
Other offences .....	—	—	—	—
(Excluding offences relating to outworker and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921 .....	—	—	—	—
Total .....	3	3	—	—

## INFECTIOUS DISEASES.

The necessary investigations were made in connection with the following notifications :—

Scarlet Fever, 54 ; Diphtheria, 43 ; Cerebro Spinal Fever, 3.

Removal to hospital effected in the undermentioned instances : --  
Scarlet Fever, 23 ; Diphtheria, 38 ; Spinal Fever, 3.

Disinfection was carried out in 101 instances (included in these figures, is the disinfection at the homes of Tuberculosis persons). Disinfecting fluid was supplied free to householders on infected premises.

## **MILK (Special Designation) ORDER, 1936.**

Bacteriological standards are prescribed for graded milk under the above Order.

**Tuberculin Tested Milk** is obtained from cows which have passed a veterinary examination and a tuberculin test, it is bottled on the farm or elsewhere, and it may be raw, or pastuerised. It may be described on the bottle caps or cartons as Tuberculin Tested Milk (Certified). When it is pastuerised it must be described as Tuberculin Tested Milk (Pastuerised). It must satisfy the prescribed bacteriological tests.

**Accredited Milk** is raw milk from cows which have passed a veterinary examination, bottled on the farm or elsewhere. This must satisfy the same bacteriological tests as the raw Tuberculin Tested Milk

**Pastuerised Milk** is milk which has been retained at a temperature for at least 30 minutes, of 145 to 150 degs. F. and does not contain more than 100,000 bacteria per millitre.

The Licensing Authorities are the County or County Borough Council for farms where Tuberculin Tested or Accredited Milk is produced but not bottled, or produced and bottled. The Sanitary Authority for Tuberculin Tested Milk, bottling establishments not on the farms, and other establishments (shops, etc. at which milk is not produced or bottled) also for Pasteurised Milk establishments, etc.

The Order also gives definite instructions for the taking of, the transport and storage of samples, and the technique of the tests.

I am, Gentlemen,

Your obedient Servant,

G. H. PARKES,

Sanitary Inspector.

### **3. (v) Smoke Abatement.**

Locally there has not been anything to report during the year.

The Council have a representative on the Midland Joint Advisory Council for Smoke Abatement.

### **3. (vi) Swimming Baths and Pools.**

One open air pool in the district is available to the public only for a limited period in summer.

Periodical examination of the water has yielded satisfactory results, and tests will, of course, continue regularly to be made.

Certain suggestions were made to the Owner with a view to improving the conveniences available for his patrons.

It is a pity that swimming baths are not available in Coseley for the inhabitants of the district as from many points of view the provision of such facilities would be an inestimable boon.

#### 4. Schools.

The Annual School Report is appended subsequently and gives the position in detail.

No Schools were closed during the year on account of Infestious Disease.

### HOUSING.

#### 1. Inspection of dwelling-houses during the year :—

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) .....	357
(b)	Number of inspections made for the purpose .....	550
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 .....	77
(b)	Number of inspections made for the purpose.....	80
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....	242
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation .....	102

#### 2. Remedy of Defects during the year without Service of formal Notice :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers .....	13
---	----

#### 3. Action under Statutory Powers during the year :—

(a)	Proceedings under section 17, 18, and 23 of the Housing Act, 1930 :—	
(1)	Number of dwelling-houses in respect of which notices were served requiring repairs .....	nil
(2)	Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a)	By owners .....	nil
(b)	By local authority in default of owners .....	nil



Proceedings under Public Health Acts —

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .....	102
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices : —	
	(a) By owners .....	93
	(b) By local authority in default of owners .....	nil
(c)	Proceedings under section 19 and 21 of the Housing Act, 1930 : —	
(1)	Number of dwelling-houses in respect of which Demolition Orders were made .....	158
(2)	Number of dwelling-houses demolished in pursuance of Demolition Orders .....	60
(d)	Proceedings under Section 20 of the Housing Act, 1930 : —	
(1)	Number of separate tenements or underground rooms in respect of which Closing Orders were made .....	nil
(2)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .....	nil
4.	Housing Act, 1935—Overcrowding.	
(a) (i)	Number of dwellings overcrowded at the end of the year .....	545
(ii)	Number of families dwelling therein .....	602
(iii)	Number of persons dwelling therein .....	3,951
(b)	Number of new cases of overcrowding reported during the year .....	nil
(c) (i)	Number of cases of overcrowding relieved during the year .....	nil
(ii)	Number of persons concerned in such cases.....	nil
(d)	Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding .....	nil
(e)	Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report .....	nil
	House demolished in anticipation of procedure .....	1
	House demolished for private purposes .....	1
	Total houses demolished by Owners .....	62

# HOUSING ACT, 1935—OVERCROWDING. HOUSES REQUIRED.

No. of persons in family.	Single family.	Lodgers and two families.	Total.
1	—	10	10
2	—	7	7
3	—	4	4
4	—	8	8
5	—	8	8
6	68	10	78
7	82	5	87
8	67	2	69
9	52	3	55
10	26	—	26
11	8	—	8
12	8	—	8
13	1	—	1
14	1	—	1
	313	57	Grand Total 370

**OVERCROWDED HOUSES SHOWING PERSONS OF  
ALL AGES. SINGLE FAMILIES.**

Persons ALL Ages.	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
families .....	—	—	24	40	72	82	67	52	26	8	8	1	1	381

**HOUSES REQUIRED FOR PERSONS OF ALL AGES,  
SINGLE FAMILIES.**

Persons all ages.	6	7	8	9	10	11	12	13	14	Total
	68	82	67	52	26	8	8	1	1	313

**HOUSES REQUIRED FOR LODGERS OR  
SUB-TENANTS.**

Persons all ages.	1	2	3	4	5	6	7	8	9	Total
	10	7	4	8	8	10	5	2	3	57

## HOUSING.

Better progress has been made under the Housing Acts during the year under review.

242 houses were represented comprising 185 recommended to be dealt with in Areas and 57 Individually.

The number of houses dealt with was 193, these consisting of 110 Individuals and 83 in Areas.

The inquiries were held as follows :—

Coseley Hilly Road Clearance Order (21 houses) on 14th January 1936, by R. M. Love, Esq., F.R.I.B.A., and confirmed on March 3rd, 1936.

Coseley Rose Street, Nos. 1 and 2; Foundry Street; and Broad Lanes Clearance Orders (62 houses) on 6th October, 1936, by S. D. Igglesden, Esq., A.R.I.B.A., and confirmed, Rose Street, No. 2 on 8th November, 1936, and Rose Street, No. 1, Foundry Street and Broad Lanes on 21st December, 1936.

Confirmation of the Coseley Harding Street Clearance Order was made on 30th January, 1936, after the Inquiry held on 19th December, 1935, by A. E. Hall, Esq., Housing and Town Planning Officer.

Housing Slum Clearance Meetings in relation to Individual Houses were held as follows, with the following results.

Dates.	Demolition Orders	Undertakings etc.	Total.
1936.			
30th January	13	4	17
11th March	12	23	35
1st July	28	4	32
7th December	22	4	26
Totals	75	35	110

### Slum Clearance.

The initial review in the main report shows that 110 houses have been dealt with individually for Slum Clearance purposes while 83 have been treated in areas.

242 houses in all were the subject of official representation during the year under the Housing Acts.

75 Demolition Orders were passed on individual houses and 83 houses were in Clearance Areas declared by the Council and confirmed by the Ministry of Health after Inquiry.

28 houses were added to the Programme during the year.

## Re-Housing.

Sites are being developed or planned at Princes End, Woodcross and Chad Road, and a large majority of the houses available will be reserved for Slum Clearance purposes.

The securing of suitable sites in the neighbourhood of the areas from which the re-housed tenants will be drawn is a very difficult matter and it is inevitable that in some cases the provision of alternative accommodation will entail a transference to a different part of the district. Every possible effort is, of course, made to suit the convenience of the dispossessed tenants.

The presence of only two or even a single occupant of houses included in Slum Clearance proposals is also an embarrassment so far as rehousing is concerned.

Suitable alternative accommodation, save in new houses, is difficult to obtain and the solution of re-housing such cases in a three-bedroomed house does not seem ideal, especially when as is often the case, the persons concerned are advanced in years and are in no wise desirous of being saddled with the responsibility of maintaining a house largely in excess of their requirements.

In our opinion, a good case could be made out for the provision of a limited number of small dwellings to suit the needs of these cases.

List of Houses that have been vacated during the year, due to Demolition Orders.

<i>Address.</i>		<i>No. of Houses Allocated.</i>					
Nos. 1—21	Harding Street	.....	.....	.....	.....	.....	13
„ 8—27	Hilly Road	.....	.....	.....	.....	.....	21
„ 1—16	Bessell Terrace	.....	.....	.....	.....	.....	11
„ 1—7	Long Row	.....	.....	.....	.....	.....	7
„ 4—9	Bradleys Lane	.....	.....	.....	.....	.....	6
„ 10—23	Fountain Lane	.....	.....	.....	.....	.....	5
„ 36—44	Withy Lane	.....	.....	.....	.....	.....	6
„ 3—22	Woottons Fold	.....	.....	.....	.....	.....	5
„ 1—4	Batmans Hill Road	.....	.....	.....	.....	.....	5
„ 2½.41.							
41a.	Bloomfield Road	.....	.....	.....	.....	.....	3
„ 1	Anchor Road	.....	.....	.....	.....	.....	1
	Blue Button Cottage	.....	.....	.....	.....	.....	1
„ 9	Albert Street	.....	.....	.....	.....	.....	1
„ 63	Ash Street	.....	.....	.....	.....	.....	1
„ 10	Daisy Street	.....	.....	.....	.....	.....	1
„ 39	High Street	.....	.....	.....	.....	.....	1
„ 1	Howls Row	.....	.....	.....	.....	.....	1
„ 7	Havacre Lane	.....	.....	.....	.....	.....	1
„ 25	Old End Lane	.....	.....	.....	.....	.....	1
„ 3	Rounds Road	.....	.....	.....	.....	.....	1
„ 25	Upper Ettingshall Road	.....	.....	.....	.....	.....	1
„ 3	Woottons Square	.....	.....	.....	.....	.....	1
Total							94



## Overcrowding.

The survey under the 1935 Act—interpreted in the light of subsequent circulars—was completed during the year and the full report submitted to the Council and the Ministry of Health.

Minor difficulties—as was inevitable—arose from time to time but on the whole matters progressed very smoothly and when the measuring up of all the working class houses in the district came to be proceeded with the occupiers were practically unanimous in according whatever help was required.

The appointed day for the district has been fixed at 1st July, 1937.

A commencement has been made with re-housing proposals and a certain number of houses on the new Woodeross Site have been set aside for the relief of overcrowded cases.

While the problem of overcrowding has, of necessity, always required close watch, this new Act will undoubtedly throw much additional work and responsibility upon the Local Authority and others dealing with its administration, while its successful outcome will in large measure depend upon a happy co-operation between all concerned.

A brief review of the survey results is noted below.



## SECTION E.

### INSPECTION AND SUPERVISION OF FOOD.

Cowsheds and milkshops in the district are visited by the Sanitary Inspector, who is also responsible for meat inspection.

Particulars are given on page 27.

Number of supplementary licences granted for the sale of graded milks during the year—five; three for Grade “A,” one for “Pasteurised,” and one for “Tuberculin Tested.”

### FOOD AND DRUGS—ADULTERATION ACT, 1928.

Details of the sampling results on page 39 have been kindly supplied by Mr. Butlin, Chief Inspector of the County Council for this purpose of the Act.

#### TABLE B.

#### Food and Drugs (Adulteration) Act, 1928.

#### Details of samples taken in Coseley Urban District during 1936.

Article of Food.	Number of Samples.	Genuine.	Adulterated.
Milk .....	36	32	4
General Foods .....	12	11	1

Four samples of milk were returned as adulterated, one of which was slightly deficient in fat, while another contained a trace of added water, the vendors in each case being cautioned.

The other two samples were both from the same retailer, one being 14.6 per cent deficient in fat, while the other contained 7.2 per cent added water, but as further samples taken at the farm, outside the Coseley area, were also adulterated the retailer was cautioned.

One sample sold as lard was found to be a cooking fat used as a substitute for lard, and the retailer was cautioned.

**COSELEY URBAN DISTRICT COUNCIL.**  
**UNDESIGNATED SAMPLES.**

Number of samples submitted.		Cleanliness.				Tuberculous Samples.	
Produced.		Satisfactory.		Unsatisfactory.		Produced.	
		Produced.		Produced.			
In County.	Out of County.	In County.	Out of County.	In County.	Out of County.	In County.	Out of County.
15	—	14	—	1	—	1	—

**SPECIALLY DESIGNATED SAMPLES.**

Number of samples submitted.	Number satisfactory.	Unsatisfactory.			
		Due to Coli-form Bacilli.	Due to count.	Due to Col. Bac. and Count.	Due to T.B.
14	12	—	2* †	—	—

\* " Tuberculin Tested."

† " Pasteurised."

## SECTION F.

### Prevalence of and Control over Infectious and other Diseases.

#### Notifications.

The total number of cases of Infectious Diseases, excluding Tuberculosis, notified during the year was 186—composed of 97 males and 89 females. The individual totals are appended below and are also given with the age incidence in Table VIII.

Scarlet Fever	.....	.....	.....	.....	54
Pneumonia—all forms	.....	.....	.....	.....	64
Diphtheria	.....	.....	.....	.....	43
Erysipelas	.....	.....	.....	.....	15
Cerebro Spinal Fever	.....	.....	.....	.....	3
Puerperal Pyrexia	.....	.....	.....	.....	3
Ophthalmia Neonatorum	.....	.....	.....	.....	2
Puerperal Fever	.....	.....	.....	.....	2

The outstanding feature of the year has been a great reduction of Scarlet Fever cases which totalled 54 vice 109. Pneumonia notifications numbered 64—an increase of 14. There were thirty-two fewer notifications from all causes.

#### Deaths.

See Table IX.

Among the notifiable diseases, Pneumonia headed the list as having caused thirty-three deaths. Diphtheria caused five deaths and Encephalitis Lethargica one.

Table IV presents comparative figures for the country as a whole—to which those for Coseley have been added—and Table VII affords an opportunity of reviewing the figures for Coseley for previous years.

#### Hospitalisation of Cases.

The number of cases of Infectious Diseases notified and the number admitted to hospital is given in Table X.

The figures re the admission of Pneumonia cases to hospital are not available.

#### Age Group and Seasonal Incidence.

The age groups of the various fatal cases notified are shown on Table IX and the number of cases per month seen in Table XI.

Comment on the incidence and features of the various infectious diseases is made below.

### **Smallpox.**

No cases occurred in the past year.

### **Scarlet Fever.**

The cases numbered 54 vice 109 in 1935. No deaths occurred and of the notified cases 23 were removed to hospital.

The average stay in hospital, it will be noted, is somewhat longer this year than last, although the number of cases removed remained relatively the same. This disease appears still in the main to be assuming a mild form as evidenced by the frequency of home treatment, and the absence so far as one can gather, of serious consequences.

One case of interest was a boy aged 4 years, who, in course of home treatment, developed an acute mastoid infection, and required immediate removal to hospital. Some difficulty was experienced in securing adequate accommodation, but eventually this was arranged, and the case did very well.

#### *Cases in relation to the size of dwelling and number of occupants*

The majority of cases—22—occurred in families of 4 persons, and eleven of the total cases occurred in 4 roomed houses. Only eight cases occurred in families of more than five persons.

It is questionable whether terminal disinfection in the disease is any longer a practical necessity. Sound cleansing with soap and water would seem equally efficacious and less costly.

Persons in Family.	SCARLET FEVER CASES NOTIFIED, 1936.									Total Cases
	Number of Rooms.									
	1	2	3	4	5	6	7	8	9	
1			1							1
2			2							2
3		4	4	2	2					12
4		2	3	11	3	2	1			22
5			2	4	3					9
6					1					1
7			1	1	1					3
8										
9			1	1	2					4
10										
11										
12										
No. of Cases		6	14	19	12	2	1			54



## **Diphtheria.**

The number of notifications 43—remains as last year. The number of deaths—five—shows an increase of one, and eleven of the cases occurred in one month.

One of these was a family, other members of whom were in the hopfields.

The Medical Officer of the district in which they resided temporarily was notified and the family returned home together with contacts from Coseley who had travelled with them. One child—a sister of the case just mentioned—developed the disease, but all the other contacts were examined, swabbed, found negative, and did not give any further cause for action.

One death occurred in these eleven cases—a boy succumbing a few hours after admission to hospital.

It is, of course, essential that all sufferers should have antitoxin at the earliest possible moment if they are to have the best chance of uncomplicated recovery, and the following details of thirteen cases admitted to one hospital provide material for reflection.

One case was admitted on the first day of disease, 3 on the second day, 3 on the third day, 3 on the fifth day, 2 on the sixth day, and 1 on the seventh day.

The very fact that a doubt arises in the minds of the parents, as to the true cause of the illness, in many cases such as these, is sufficient proof that expert opinion should be sought and the services of a medical practitioner invited without delay.

## **Immunisation against Diphtheria.**

The coming year will see the matter brought before the Committee for their consideration.

## **Diphtheria Antitoxin.**

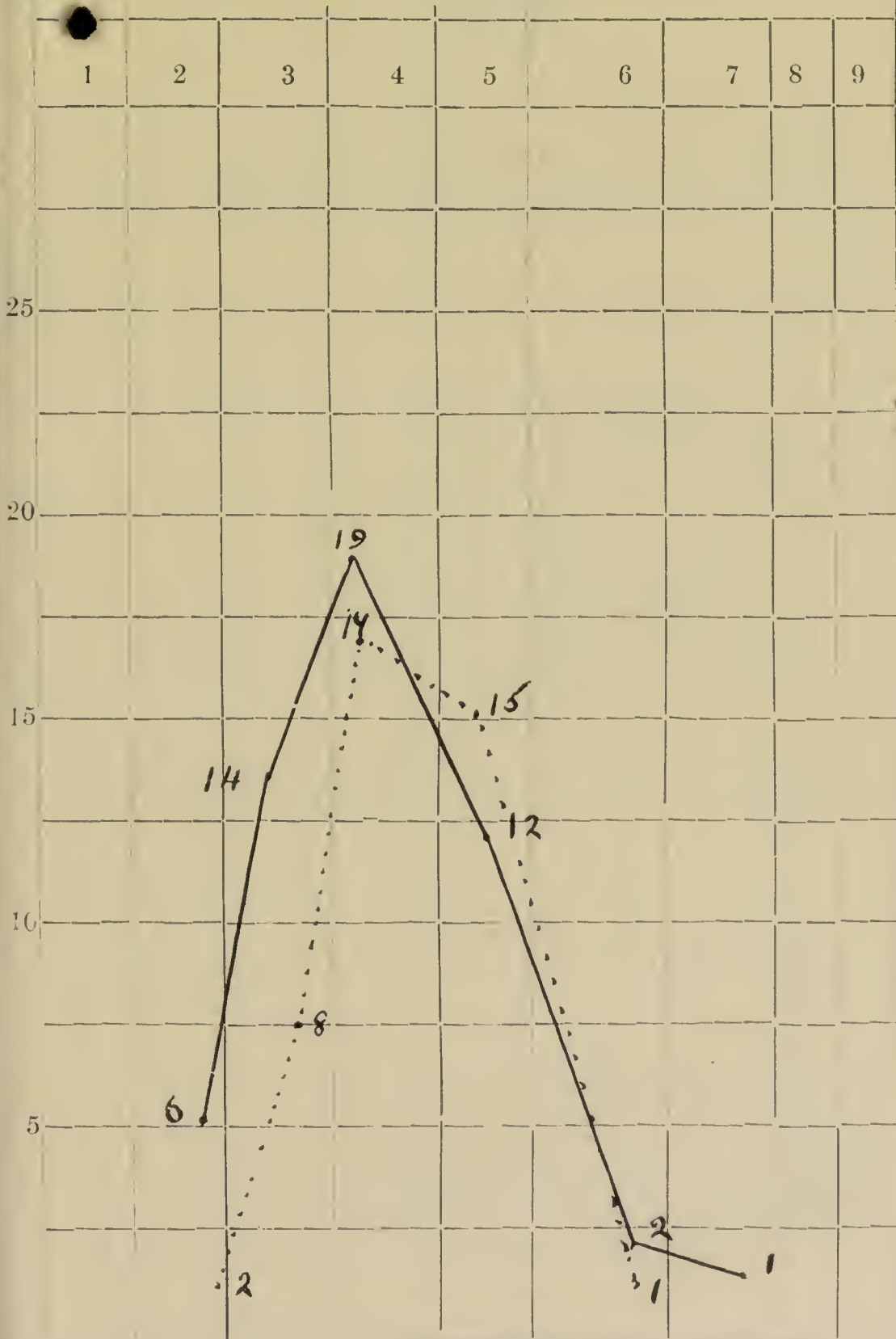
A supply of Diphtheria Antitoxin is always available to practitioners who avail themselves of it as occasion arises.

## **Environment of Diphtheria Cases.**

The largest individual group of cases—17—occurred in houses of 4 rooms, while 29 of the total had 6 persons or fewer in the family.



# ROOMS



Scarlet Fever ——— Diphtheria.

Persons in Family.	DIPHTHERIA CASES, NOTIFIED 1936.									Total Cases
	Number of Rooms.									
	1	2	3	4	5	6	7	8	9	
1										
2		1		1						2
3				1	2					3
4		1	1	2	4					8
5			3	4	3					10
6			1	3	2					6
7				4	1					5
8			3		1					4
9				2						2
10					2					2
11						1				1
12										
No. of Cases		2	8	17	15	1				43

### **Enteric Fever—including Paratyphoid.**

No notifications were received during the year.

### **Puerperal Fever and Pyrexia.**

Three cases of Puerperal Pyrexia and two cases of Puerperal Fever were notified and one death from Puerperal Sepsis occurred.

All these cases were the subject of special investigation, but no connection with any other type of illness was elicited.

### **Pneumonia.**

Sixty-four cases were notified and thirty-three deaths occurred during the year.

Number of deaths which occurred in people previously notified was 12, i.e. 21 of the 33 fatal cases had not been notified.

The figures last year showed that twenty out of thirty fatal cases had not been notified, and this—with the above—is significant so far as experience of notifications is concerned.

No details of removal of cases to hospital are available. The diseases affected males in the proportion of 41 : 23, and the main number of cases occurred in the Age Group 45—65 years.

One of the cases was notified as Broncho Pneumonia, 21 as Lobar Pneumonia, 10 as Acute Influenzal Pneumonia, 19 as Acute Primary Pneumonia. 13 cases were not defined.

### **Influenza.**

This disease was given as the sole cause of death in one case, but the fact that some of the fatal cases were notified as Influenzal Pneumonia must be borne in mind.

### **Measles and Whooping Cough.**

These cases came to light casually, from Health Visitors, and School Nurse, or as a result of routine weekly returns from the schools in the area.

128 cases of Measles were noted last year and two deaths occurred.

146 cases of Whooping Cough were reported but information as to the prevalence of the disease in the very important 0—5 year age group is meagre.

Complicated cases of either of these diseases, are in my view, worthy of hospital treatment, especially if the home environment is not likely to aid recovery, and hospital arrangements should permit of their admission.

### **Encephalitis Lethargica.**

One case, aged 22 years, died in an Institution.

### Cerebro Spinal Meningitis.

Six cases came to light during the year—three as a result of notification.

Five cases died at the following ages—1, 3, 4, 7, 22 months.

One case seven months old recovered.

### Erysipelas.

Fifteen cases were notified and no death occurred.

This is a type of notifiable infectious disease in which the path to hospital treatment is beset with difficulties.

### Cancer.

Thirty-four deaths—twenty males and fourteen females occurred during the year.

It is noteworthy that only one was under the age of 45 years.

Details of the sites of the disease and age distribution of cases are given on Table XV.

### Prevention of Blindness.

Two cases of Ophthalmia Neonatorum were notified, both fortunately being mild and recovering without any impairment of vision.

### Tuberculosis.

Twenty-four cases—fourteen males and ten females—of Respiratory Tuberculosis, were notified during the year.

The respective figures for last year were twenty-five and four.

Eighteen Deaths—seventeen Respiratory, one non-Respiratory case—were noted as against twenty-three—18 Respiratory, and 5 Non-Respiratory—last year. Details are given in Table XII and the number of deaths for the past five years is appended for information in Table XIII.

The ratio of non-notified to total tuberculosis deaths was 1 : 6.

A table is appended showing the interval between notification and deaths in the fatal cases, where the disease had been previously notified.

Year.	Within one month.	From 1—3 mths.	From 3—6 mths.	From 6 mths. 1 yr.	From 1—2 yrs.	From 2—3 yrs.	From 3—4 yrs.	From 4 yrs. and upwards	Notified after death.	Total.
1936 .....	3	—	4	1	—	3	1	2	3	17

No action was found necessary under the Public Health (Prevention of Tuberculosis) Regulation 1925 or under Section 62 of the Public Health Act, 1925.

Five cases of Tuberculosis notified during the year are at present living under overcrowded condition.

Persons in Family.	TUBERCULOSIS CASES NOTIFIED.									Total Cases
	Number of Rooms.									
	1	2	3	4	5	6	7	8	9	
1										
2			1	1	1					3
3		1		2	1	1				5
4			3		1					4
5			2	1	2					5
6				2	1	1				4
7			2							2
8			1	1	1					3
9			1							1
10				1				1		2
11										
12										
No. of Cases		1	10	8	7	2	—	1		29

### **Home Visiting.**

The number of Primary Visits paid by the Health Visitors during the year was 19, while 570 re-visits were also made, making a total of 589 in all.

### **After Care.**

In addition to having a representative on the Staffordshire, Wolverhampton and Dudley Joint Committee for Tuberculosis, the Urban District Council are also represented on the Wolverhampton and Dudley After Care Committee.

The system of treating cases of Tuberculosis by removal to Sanatorium, without effecting a co-ordinated drive against any unfavourable home circumstances which exist, may produce some curative effect but leaves untouched the no less important preventive aspect of the problem.

In instances where the environment is detrimental to the chances of securing adequate isolation for the returning patient and hence adequate protection for the contacts. It would be a profitable step to give preferential consideration to the claims of the family for alternative housing accommodation. This was suggested to the Committee during the year.



TABLE I.  
TOTAL DEATHS, 1936.

	Causes of Death.	Males.	Females.	Total.
1	Typhoid and Paratyphoid Fever	—	—	—
2	Measles .....	—	2	2
3	Scarlet Fever .....	—	—	—
4	Whooping Cough .....	—	—	—
5	Diphtheria .....	4	1	5
6	Influenza .....	1	—	1
7	Encephalitis Lethargica .....	1	—	1
8	Cerebro-Spinal Fever .....	3	2	5
9	Tuberculosis of Respiratory System	10	7	17
10	Other Tuberculosis .....	—	1	1
11	Syphilis .....	—	—	—
12	General Paralysis of Insane, etc. ....	—	—	—
13	Cancer .....	20	14	34
14	Diabetes .....	2	2	4
15	Cerebral Haemorrhage, etc. ....	8	10	18
16	Heart Disease .....	29	33	62
17	Aneurysm .....	—	—	—
18	Other Circulatory Diseases .....	3	3	6
19	Bronchitis .....	10	5	15
20	Pneumonia (all forms) .....	24	9	33
21	Other Respiratory Diseases .....	1	2	3
22	Peptic Ulcer .....	3	1	4
23	Diarrhoea under 2 years .....	4	1	5
24	Cirrhosis of Liver .....	—	—	—
25	Appendicitis .....	—	—	—
26	Other Liver Diseases .....	—	—	—
27	Other Digestive Diseases .....	3	2	5
28	Acute and Chronic Nephritis .....	2	3	5
29	Puerperal Sepsis .....	—	1	1
30	Other Puerperal Diseases .....	—	—	—
31	Congenital Debility, Premature Birth, etc. ....	17	7	24
32	Senility .....	11	17	28
33	Suicide .....	—	2	2
34	Other violence .....	11	5	16
35	Other Defined Diseases .....	10	8	18
36	Ill defined or Not Known .....	—	—	—
37	Diarrhoea 2 years and over .....	1	1	2
	Totals .....	178	139	317

TABLE II.  
QUARTERLY SUMMARY OF DEATHS ARRANGED IN  
AGE-GROUPS.

Age-Groups.	1st Qtr.		2nd Qtr.		3rd Qtr.		4th Qtr.		Totals.		Perctge.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Under 1 year	12	1	27	4	6	6	11	3	36	14	15.8
1—5 years	2	6	—	1	2	1	2	—	6	8	4.4
5—10 "	1	1	1	1	2	—	2	1	6	3	2.8
10—15 "	—	1	—	—	1	—	—	—	1	1	.6
15—25 "	4	1	2	—	4	1	4	1	14	3	5.3
25—35 "	1	2	4	2	3	2	2	2	10	8	5.6
35—45 "	3	2	4	2	2	—	—	2	9	6	4.7
45—55 "	3	2	6	6	3	1	3	2	15	11	8.5
55—65 "	6	10	2	1	5	9	11	4	24	24	15.1
65—80 "	14	13	10	9	7	11	15	15	46	48	29.6
80 and over	3	4	2	2	3	3	3	4	11	13	7.6
Totals	49	43	38	28	38	34	53	34	178	139	100.0

TABLE III.  
VITAL STATISTICS DURING 1927—1936.

Year.	Population Estimated to the Middle of each year.	Net Births.		Deaths belonging to District.			
		Num ber.	Rate per 1,000 population.	Under 1 year of age.		At all ages.	
				Num ber.	Rate per 1,000 births.	Num ber.	Rate per 1,000 population
1927	25,720	525	20.4	40	76.2	329	12.7
1928	25,220	517	20.5	34	65.76	285	11.3
1929	24,990	487	19.45	46	94.45	322	12.85
1930	25,480	525	21.7	31	59.0	295	11.8
1931	25,480	503	19.7	29	58.0	290	11.38
1932	25,480	464	18.2	48	103.4	307	12.05
1933	25,740	444	17.25	27	60.8	309	12.0
1934	26,060	462	18.3	19	41.1	260	10.3
1935	26,420	513	19.4	35	68.22	287	12.6
1936	27,460	547	19.9	47	85.92	317	13.38
Average	25,805	498.7	19.48	35.6	71.28	301	12.03

# Birth-Rates, Death-Rates and Analysis of Mortality for the Year, 1936.

	England and Wales.	122 County Boroughs and Great Towns including London.	143 Smaller Towns (Resident Populations) 25,000 to 50,000 at 1931 census.	Coseley.
	Rates per 1,000 Population.			
Live Births	14.8	14.9	15.0	19.91
Still Births	0.61	0.67	0.64	0.72
<b>Deaths.</b>				
All cases	12.1	12.3	11.5	11.54
Typhoid and Paratyphoid Fevers	0.01	0.01	0.00	0.00
Smallpox	0.00	0.00	0.00	0.00
Measles	0.07	0.09	0.04	0.07
Scarlet Fever	0.01	0.01	0.01	0.00
Whooping Cough	0.05	0.06	0.04	0.00
Diphtheria	0.07	0.08	0.05	0.17
Influenza	0.14	0.14	0.15	0.03
Violence	0.52	0.45	0.39	0.58
	Rates per 1,000 Live Births.			
Deaths under 1 year of age	59	63	55	85.92
Diarrhoea and Enteritis under 2 years of age	5.9	8.2	3.4	9.14
<b>Maternal Mortality.</b>				
Puerperal Sepsis	1.40	—	—	—
Others	2.41	—	—	—
Total	3.81	—	—	—
	Rates per 1,000 Total Births ( <i>i.e.</i> , Live and Still).			
<b>Maternal Mortality.</b>				
Puerperal Sepsis	1.34	—	—	—
Others	2.31	—	—	—
Total	3.65	—	—	—

TABLE V.

## Infant Mortality in Coseley during the Year 1936.

Nett Deaths from stated causes at various ages under one year.

Cause of Death.	Under one week.		1—2 weeks.		2—3 weeks.		3—4 weeks.		Total under one month.		1—3 mths.		3—6 mths.		6—9 mths.		9—12 mths.		Total deaths under one year.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Measles .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Whooping Cough .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
T.B. Meningitis .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Abdominal T.B. ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other T.B. ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningitis .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(not T.B.) .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(all forms) .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Respiratory .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea and .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Convulsions .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Congenital .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Debility .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malformations .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Marasmus, etc. ....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Violence .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Prematurity .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total .....	7	5	3	1	3	—	1	1	14	7	10	1	3	4	4	2	1	1	32	15

TABLE VI.  
DEATHS IN INSTITUTIONS DURING 1936.

Institution.	Males.				Females.				Total.			
	1st Q tr.	2nd Q tr.	3rd Q tr.	4th Q tr.	1st Q tr.	2nd Q tr.	3rd Q tr.	4th Q tr.	1st Q tr.	2nd Q tr.	3rd Q tr.	4th Q tr.
Royal Hospital, Wolverhampton .....	1	7	5	6	3	4	2	2	4	11	7	8
Women's Hospital, Wolverhampton .....	1	—	—	1	—	—	—	1	1	—	—	2
Guest Hospital, Dudley	1	—	1	1	1	—	1	—	2	—	2	1
Poor Law Institution, 10 Burton Road .....	1	4	4	2	2	2	1	1	3	6	5	3
County Mental Hospital	1	—	—	—	—	1	—	1	1	1	—	1
Standon Hall .....	—	—	—	—	1	—	—	—	1	—	—	—
Infectious Disease Hospitals .....	—	—	3	—	—	—	—	—	—	—	3	—
Sanatoriums .....	—	1	1	—	1	—	1	—	1	1	2	—
Others .....	2	—	3	4	—	—	2	—	2	—	5	4
Totals .....	7	12	17	14	8	7	7	5	15	19	24	19
Yearly .....	50				27				77			

TABLE VII.  
DEATHS FROM SPECIFIED INFECTIOUS DISEASES,  
1927—1936.

DISEASE.	YEAR.									
	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Enteric Fever .....	—	—	—	—	—	—	—	—	—	—
Scarlet Fever .....	—	—	1	—	—	—	2	1	—	—
Diphtheria .....	—	5	—	—	1	—	2	1	4	5
Whooping Cough	9	—	—	1	2	4	—	5	2	—
Measles .....	4	—	2	6	1	7	2	3	1	2
Diarrhoea (under 2 years)	7	5	7	7	5	2	6	3	9	5
Totals .....	20	10	10	14	9	13	12	13	16	12



TABLE VIII.

## Age-Groups of Infectious Diseases (excluding Tuberculosis) Notified in 1936.

Disease.	At all Ages.		AT THE AGES SPECIFIED—YEARS.																65 and over. M. F.					
			0—1		1—2		2—3		3—4		4—5		5—10		10—15		15—25				25—45		45—65	
			M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			M.	F.	M.	F.
Scarlet Fever .....	29	25	—	—	1	1	1	1	4	1	2	4	14	7	4	4	2	7	1	—	—	—	—	
Diphtheria .....	18	25	—	—	1	4	1	—	2	2	1	—	—	—	9	7	1	4	2	1	1	5	—	2
Pneumonia .....	41	23	3	1	2	1	1	—	1	2	—	1	6	1	—	2	10	2	6	4	10	6	2	3
Puerperal Fever .....	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—
Puerperal Pyrexia .....	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	—	—	—
Ophthalmia Neonatorum .....	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas .....	6	9	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	3	3	3	3	—	1
Cerebro Spinal Meningitis .....	1	2	—	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals .....	97	89	5	3	4	7	3	1	8	5	3	5	20	8	13	13	13	15	12	12	14	14	2	6



TABLE IX.

## Age-Groups of Deaths from Notifiable Diseases during 1936.

Disease.	AGES IN YEARS.																											
	Under 1 yr.		1-2		2-3		3-4		4-5		Under 5		5-10		10-15		15-20		20-35		35-45		45-65		65 & over.		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Diphtheria .....	-	-	-	-	1	-	1	-	-	-	2	-	1	1	-	-	-	-	-	-	-	-	-	-	-	4	1	-
Scarlet Fever .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Respiratory Tuberculosis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	4	-	2	5	-	-	1	10	7
Non-Respiratory Tuberculosis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Acute Poliomyelitis .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cerebro-Spinal Fever .....	3	1	-	1	-	-	-	-	-	-	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	3	2	-
Pneumonia .....	10	2	1	1	1	-	-	-	-	-	12	3	1	-	-	1	1	-	2	-	-	-	6	3	2	2	24	9
Encephalitis Lethargica .....	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-
	13	3	1	2	2	-	1	-	-	-	17	5	2	1	1	-	1	1	8	5	-	2	11	3	2	3	42	20

TABLE X.

**DISEASES NOTIFIED (excluding Tuberculosis)  
DURING 1936.**

Disease.	Total Cases Notified.	Admitted to Hospital.	Total Deaths.
Diphtheria .....	43	38	5
Scarlet Fever.....	54	23	—
Pneumonia .....	64	—	33
Erysipelas .....	15	1	—
Puerperal Fever .....	2	2	1
Puerperal Pyrexia .....	3	3	—
Ophthalmia Neonatorum .....	2	—	—
Cerebro-Spinal Meningitis .....	3	3	5
Encephalitis Lethargica .....	—	—	1
Dysentery .....	—	—	—
Totals .....	186	70	45

# MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES.

Month.	Diphtheria	Scarlet Fever	Erysipelas	Pneumonia	Ophthalmia Neonatorum	Puerperal Fever	Puerperal Pyrexia	Cerebro-Spinal Fever	Totals
January	2	5	—	11	—	—	—	—	18
February	1	8	3	9	—	—	—	—	21
March	1	7	—	8	—	—	2	—	18
April	2	5	1	3	—	—	1	—	12
May	3	4	1	4	—	—	—	1	13
June	2	6	1	3	—	—	—	—	12
July	4	8	2	4	2	—	—	—	20
August	7	1	—	1	—	—	—	—	9
September	15	1	—	5	—	—	—	—	21
October	3	3	3	3	—	1	—	—	13
November	2	5	2	4	—	—	—	1	14
December	1	1	2	9	—	1	—	1	15
Totals	43	54	15	64	2	2	3	3	186

TABLE XII.  
NEW CASES AND DEATHS FROM TUBERCULOSIS,  
1936.

Age Groups	New Cases.						Deaths.					
	Pulmonary.			Non-Pulmonary.			Pulmonary.			Non-Pulmonary.		
	M.	F.	..	M.	F.	..	M.	F.	..	M.	F.	..
0—1 years	—	—	..	—	—	..	—	—	..	—	—	..
1—5 ..	—	—	..	—	1	..	—	—	..	—	—	..
5—10 ..	—	1	..	1	—	..	—	—	..	—	—	..
10—15 ..	—	—	..	—	—	..	—	—	..	—	—	..
15—20 ..	2	—	..	—	—	..	—	—	..	—	—	..
20—25 ..	1	1	..	—	—	..	2	—	..	—	—	..
25—35 ..	3	6	..	—	2	..	3	4	..	—	1	..
35—45 ..	2	2	..	—	—	..	2	2	..	—	—	..
45—55 ..	5	—	..	—	1	..	4	—	..	—	—	..
55—65 ..	1	—	..	—	—	..	1	—	..	—	—	..
65 and over	—	—	..	—	—	..	—	1	..	—	—	..
Totals	14	10	..	1	4	..	10	7	..	1	10	..

TABLE XIII.

**DEATHS FROM TUBERCULOSIS DURING THE  
YEARS 1931—1936.**

Year.	TOTAL DEATHS.				Total Deaths.	
	Pulmonary.		Non-Pulmonary.			
	M.	F.	M.	F.	M.	F.
1931 .....	10	13	3	2	13	15
1932 .....	8	8	—	1	8	9
1933 .....	12	9	3	1	15	10
1934 .....	18	6	—	—	18	6
1935 .....	11	7	1	4	12	11
1936 .....	10	7	—	1	10	8

TABLE XIV.  
DEATHS ARRANGED ACCORDING TO MONTHS, 1936.

Month.	Outside Deaths.		Deaths Occurring in the Area.		Total Deaths	
	M.	F.	M.	F.	M.	F.
January .....	4	2	18	12	22	14
February .....	2	3	10	12	12	15
March .....	2	3	13	11	15	14
April .....	3	1	9	6	12	7
May .....	5	3	12	8	17	11
June .....	3	4	6	6	9	10
July .....	4	3	6	7	10	10
August .....	9	2	9	12	18	14
September .....	4	1	6	9	10	10
October .....	4	1	16	11	20	12
November .....	5	1	10	8	15	9
December .....	5	3	13	10	18	13
Totals .....	50	27	128	112	178	139



## CANCER DEATHS—AGE GROUPS AND PARTS AFFECTED.

	1—15 years.		15—25 years.		25—35 years.		35—45 years.		45—65 years.		65 years and over.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Tongue, Lip, Mouth, etc.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Gullet .....	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Stomach .....	—	—	—	—	1	—	—	—	4	3	3	—	8	3
Bowel or Abdomen .....	—	—	—	—	—	—	—	—	1	1	—	—	1	1
Rectum .....	—	—	—	—	—	—	—	—	—	—	2	1	2	1
Breast .....	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Lung .....	—	—	—	—	—	—	—	—	4	1	1	—	5	1
Womb or Ovaries .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Exterior Genitals .....	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Liver, Kidney, etc. ....	—	—	—	—	—	—	—	—	—	—	1	1	1	1
Bones .....	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Heart .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Miscellaneous .....	—	—	—	—	—	—	—	—	1	2	2	1	3	3
Total .....	—	—	—	—	1	—	—	—	10	10	9	4	20	14

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COSELEY URBAN DISTRICT COUNCIL.

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EDUCATION COMMITTEE.

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# ANNUAL REPORT

OF THE

## School Medical Officer

(JAMES GORMAN, M.B, Ch.B., D.P.H.)

FOR THE YEAR

1936

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*Printed by order of the Coseley Education Committee.*

# COSELEY URBAN DISTRICT COUNCIL. EDUCATION COMMITTEE.

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As persons experienced in  
Secondary and Technical  
Education.

SECRETARY.

Fred. J. C. Poole, B. ès. L., F.R.G.S.



## SUMMARY OF CONTENTS.

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Number of Departments under the Coseley Education Authority.

There are 10 Blocks of Schools comprising 17 Departments.

Voluntary Schools Included in the Above.

Infants 3, Junior 2.

Accommodation.

Council Schools 3,891. Voluntary Schools 1,006. Total 4,897.  
Total Average Attendance for the Year ended March 31st, 1936, 3,652.

Number of children on School Registers on December, 31st, 1936, 3,933.

Total Accommodation :—Infants 1,254 ; Juniors 1,128 ; Juniors and Infants combined 595 ; Senior 1,920 ; Total 4,897.

Total Defects Found.

(A) Routine Inspections :—

Requiring Treatment 697. For Observation 439.

(B) Special Inspections :—

Requiring Treatment 162. For Observation 11.

Percentage of Children with Defects Requiring Treatment.

Entrants 44.92. Intermediates 39.21. Leavers 31.51.  
Average 38.43.

Defective Vision.

Errors of Refraction 95. Glasses supplied 77.

Minor Defects Treated at Clinics.

Skin 860. Eye 54. Ear 30. Miscellaneous 215. Total 1,159.

Dental Inspection.

Children Examined 495. Children Treated 368.

Cleanliness Inspections by School Nurse.

No. of Inspections 10,778. Individual Children found unclean 399.

Number of children cleansed by Local Authority 91.

COSELEY URBAN DISTRICT COUNCIL.

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# Annual Report

## OF THE

### School Medical Officer

(JAMES GORMAN M.B., Ch.B., D.P.H.)

#### FOR THE YEAR 1936.

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To the Chairman and Members of the Coseley Education Committee.

Ladies and Gentlemen,

I have the honour to submit to you the Annual Report of the School Medical Service for the year 1936.

No change of major interest has marked the period under review.

The negotiations—mentioned in my last report—for a playing field near Broad Lanes school were successfully concluded, and must rank as a profitable investment so far as the health of the scholars is concerned.

The new clinic, at present in course of construction at Bayer Hall, will afford an excellent opportunity for a review of the activities of the School Medical Service in Coseley and no doubt a considerable expansion will be considered.

The statistics in the Report are in the main satisfactory. It is regrettable that the Entrants group shows an increased percentage of defects and it would seem that this could be improved if parents would take advantage more generally of the services e.g. Toddlers' clinics, provided for the benefit of the pre-school child.

The Intermediate and Leavers groups both show a marked decrease in the number and percentage of defects and this is most encouraging in its inference as to the value of the work of the School Medical department.

In the course of the year a revision was made in the method of return of Non-Notifiable Infectious Diseases by the Head Teachers, and this is working satisfactorily.

A large increase has taken place in the number of attendances made at the Minor Ailments clinic at Bayer Hall but this is merely a reflection of the increased number of clinics held and suggests that the increase in clinics was not premature.

I must thank the Chairman and Members of the Education Committee for their sympathetic response to any suggestions made on behalf of school or scholars.

I thank also Mr. F. J. C. Poole—the Secretary for Education—and Dr. C. H. Waddell for their ready assistance and would acknowledge the co-operation of the Head Teachers and the services of my staff.

I cannot conclude without reference to the loss the School Medical Service suffered in the death of Mr. F. M. Hipkins, the School Dental Officer.

His untimely decease was deeply regretted by all with whom he was associated and by whom he was held in the highest esteem.

I am,

Ladies and Gentlemen,

Your obedient servant,

JAMES GORMAN.

TABLE A.

Incidence of Principal Defects found at Routine Medical Inspection in England and Wales (1935) and in Coseley (1936).

Disease.	Requiring Treatment.				For Observation.			
	Eng. & Wales		Coseley		Eng. & Wales		Coseley	
	No. of defects.	Inc. per 1,000 inspections.	No. of defects.	Inc. per 1,000 inspections.	No. of defects.	Inc. per 1,000 inspections.	No. of defects.	Inc. per 1,000 inspections.
Skin Diseases .....	16,351	9.5	30	23.8	3,608	2.1	1	0.8
Defects of Vision* .....	93,840	81.7*	66	50.7	46,436	40.4	—	—
Squint .....	13,404	7.8	17	13.1	7,895	4.6	—	—
Other Eye Diseases .....	12,585	7.3	21	16.9	3,937	2.3	—	—
Defects of Hearing .....	4,857	2.8	—	—	3,767	2.2	—	—
Otitis Media .....	7,008	4.1	7	5.4	2,085	1.2	—	—
Chronic Tonsillitis .....	33,970	19.6	251	19.29	83,622	48.3	305	23.43
Adenoids only .....	4,612	2.7	7	5.4	5,960	3.4	2	1.5
Chronic Tonsillitis and Adenoids .....	34,444	19.9	23	18.4	21,753	12.6	—	—
Other Nose and Throat Defects .....	11,267	6.5	4	3.1	12,037	7.0	1	0.8
Defects of Speech .....	1,837	1.1	3	2.3	4,591	2.7	1	0.8
Organic Heart Disease .....	2,789	1.6	5	3.8	5,955	3.4	—	—
Pulmonary Tuberculosis :								
(a) Definite .....	214	0.1	2	1.5	167	0.1	—	—
(b) Suspected .....	709	0.4	—	—	1,046	0.6	—	—
Non-Pulmonary T.B. .....	989	0.6	—	—	1,368	0.8	—	—
Epilepsy .....	381	0.2	—	—	740	0.4	—	—
Chorea .....	826	0.5	1	0.8	926	0.5	—	—
Other Nervous Conditions .....	2,042	1.2	3	2.3	3,451	2.0	—	—
Deformities :								
Rickets .....	2,429	1.4	4	3.1	4,769	2.8	9	6.9
Spinal .....	4,247	2.5	1	0.8	3,648	2.1	—	—
Other Forms .....	13,877	8.0	5	3.8	13,158	7.6	—	—

\* In calculating this figure, entrants have been left out of account.

Total number of children inspected was :—England and Wales, 1,729,493 ; Coseley 1,302.

## **Staff.**

The School Medical Staff is as follows :—  
School Medical Officer and Medical Officer of Health.  
JAMES GORMAN, M.B., Ch.B., D.P.H.  
Hon. Consultant and Deputy S.M.O. and M.O.H.  
C. HOPE WADDELL, L.R.C.P.I., L.R.C.S.I., L.M.  
School Dentist. (Part time.)  
F. Malcolm Hipkins, L.D.S. (Deceased)  
W. G. Webster, L.D.S. (Appointed 15.12.36.)  
School Nurse.—Miss M. Russell.  
Clerk.—Miss D. Turton.

## **Co-ordination.**

The fact that the School Medical Officer is also the Medical Officer of Health tends greatly to facilitate a very close co-operation between the work of the Child Welfare and of the School Medical services.

## **School Hygiene.**

Certain minor defects found in the course of routine school inspection were duly reported upon and received speedy consideration.

Hurst Hill and Parkfield received external attention and Parkfield and St. Mary's Junior internal revision during the period of the report.

Lanesfield School was re-furnished during this year.

## **Washing and Drinking Facilities.**

A drinking fountain has been provided at Parkfield School.

As I mentioned in my last report this matter is one of real importance, and the bringing of all schools in the area up to a standard consistent with modern practice should be deemed a necessity.

## **Heating and Ventilation.**

The heating of the Manor School, which was unsatisfactory for time, is again functioning adequately.

The other schools do not give serious cause for remark in this matter.

## **Medical Inspection.**

The following groups of children were examined:—

1. Entrants (over 5 years).
2. Intermediates (8-9 years).
3. Leavers (over 12 years).
4. Special Examinations.



Children found to be suffering from any defect, whether ascertained at the routine group inspections or in any other manner, may be referred to the Special Clinic held once weekly by the School Medical Officer at Bayer Hall.

The clinic held at Parkfield Infants School by the the Medical Officer was found to be unnecessary as a regular feature and was discontinued.

Special visits are made by the School Medical Officer as circumstances dictate, so that no hardship may be placed on parents living at a considerable distances from the central clinic at Bayer Hall.

### Findings at Medical Inspection.

The number of children examined at Routine Inspections was as follows:—

Entrants 414. Intermediates 431. Leavers 457.  
Total 1,302.

The findings will be noted in Table I, C at the end of the report.

The percentage of defects—excluding uncleanness and dental diseases—in the various groups from 1931—1936 are appended below for purpose of comparison.

**TABLE B.**

	1936	1935	1934	1933	1932	1931
Entrants .....	44.92	32.75	34.71	32.40	36.42	31.44
Intermediates .....	39.21	43.59	43.51	48.09	39.44	29.08
Leavers .....	31.51	36.16	40.42	37.90	36.33	25.67
All Groups .....	38.43	37.37	39.58	38.90	37.42	28.67

It is not satisfactory to note that a sharp rise has occurred in the number of school entrants showing some form of defect. The majority of these, however, show some relatively minor form of defect such as tonsillar enlargement or a transient respiratory affection.

It is much more gratifying to note that both the Intermediate and Leavers groups show a decrease in the number of defects as compared with the previous year, the percentage for each of these groups for the current year being lower than at any period since 1931. Special Examinations.

These numbered 212 and with 493 re-examinations totalled 705.



## **Nutrition.**

Details are given in Table II.b at end of report.

The entrants show a slight increase in the 'A' or excellent class and a more marked increase in the 'C' or slightly sub-normal class.

The Intermediate group shows the opposite—a marked increase in the 'A' group being followed by a smaller increase in the 'C' class.

The Leavers group show approximately the same results as in 1935.

The state of nutrition on the whole, therefore, remains practically as it was last year.

Comparison with the figures given for 1935 by the Chief Medical Officer of the Board of Education shows that the number of children even slightly below average nutrition is not greater in Coseley than in the country as a whole and it must be noted that no case of 'D' or 'Bad' nutrition was found at Routine Medical Inspections in the course of the year in Coseley.

## **Visual Defects and External Eye Diseases.**

Visual testing is confined to the Intermediates and Leavers groups as a routine but abnormality in any child is dealt with whenever ascertained.

66 cases of visual defect—excluding squint—were discovered at Routine Inspection and 4 cases at Special Inspections.

The figures for last year were 87 and 25 respectively.

17 cases of squint were found at routine inspections.

81 cases of error of refraction were discovered during the year—treatment being provided for 40 of these under the Committee's scheme and 41 being dealt with otherwise.

Spectacles were prescribed for and obtained by 77 children.

The Education Committee arranged for 40 of these children and the remainder were dealt with other than under the scheme.

## **Ear Diseases and Defective Hearing.**

7 cases of Otitis Media were discovered at Routine and 8 cases at Special Inspections.

Two cases of ear disease other than as above were found at Routine Inspection and required treatment as did one such case found at a Special Inspection.

One case noted during routine inspection is being kept under observation.

30 children required treatment at Bayer Hall for minor ailments affecting the ear.

**Uncleanliness.** see Table VI.

The School Nurse paid an average of 4 visits to each school and made 10,778 examinations.

399 Individual Children were found unclean.

91 children were cleansed under arrangements made by the Local Authority.

The total number of individual children found unclean shows a welcome reduction of 52 as compared with last year.

Six prosecutions were instituted by the Attendance Department under the Bye Laws and all were successful. This is the first year in which this step has been taken and it is hoped that the necessity for such a procedure will become increasingly rare.

It cannot be too clearly pointed out that, in spite of some curious traditions, it is neither inevitable nor beneficial that any child should be so found.

Continuous care as a preventive measure in place of spasmodic treatment after the condition has been reported would speedily see the end of this undesirable class of defect. In short, the phrase "Prevention is better than cure" could have no more apt application.

### **Minor Ailments and Skin Diseases.**

Three Minor Ailments sessions continue to be held weekly at Bayer Hall and have been of great value in providing systematic care to the cases attending.

It is hoped to recommend to the Committee in the coming year a scheme which will allow of a Minor Ailments Clinic being held daily as I feel that this further increase in the number of clinics would be amply justified by results.

The arrangements at Parkfield School have already been commented upon.

Defects treated in 1936 (see also Table IV) as compared with immediately preceding years are as follows:—

	1936	1935	1934
Eye Defects	54	60	66
Ear Defects	30	32	41
Miscellaneous	215	69	49

	1936.	1935.
Skin Disease	136	58
(excl. Impetigo)		
Impetigo	724	224

Ringworm of the body provided seven cases, and Scabies one case, while 126 cases fell into the miscellaneous group.

The frequency of attendance has greatly increased the returns for certain types of cases but a shorter period of school absence is made possible in many cases.

## Dental Defects.

### Report of the School Dentist.

The lamented death of the Council's Dental Surgeon, Mr. F. M. Hipkins, leaves me to make the report on the dental work of the past year. The Summary of the work done, as shown in the appropriate Table indicates that it has proceeded along the lines of the previous years.

The number of teeth extracted remains much about the same, whilst the amount of conservative work is again limited, as shown by the number of fillings.

It is well to point out, that the present limited scheme permits only of giving treatment to practically two age groups *i.e.* those of five to seven years. In these groups very little saving of teeth has been possible. The urgent need, is the improvement of the mouth condition, by the extraction of the many carious and inflammatory temporary teeth, and unfortunately sometimes permanent teeth.

An extension of the present scheme has long been urged. In this connection I understand the Committee is giving consideration to the formation of a fully equipped dental surgery, with a view to increasing the number of sessions.

I would like to thank the Committee, and the Medical Officer for their efforts to give an increasing number of children much needed dental service.

Our thanks are due to the School Medical Service, for its co-operation, and also the Dental Nurse for valuable assistance.

(Signed) W. G. WEBSTER, L.D.S.  
Surgeon Dentist

**TABLE C.****Dental Clinic Figures.**

	Number.	Percentage.
No. of Notices sent to Parents .....	473	—
No. of Children attended .....	462	97.67
No. of Parents attended with Children .....	368	79.65
No. of Cases paid for .....	348	—
Amount Received ..... £8 14s. 0d.		

The clinic at present under construction at Bayer Hall contains provision for a Dental Surgery and Recovery room so that the coming year should see the inception of a markedly extended Dental Service.

**Crippled Children.**

Ten children of this class are at present in our area.

Eight of these attend a Public Elementary school and two do not attend any school.

Orthopaedic and postural defects accounted for the attendance and treatment—of a non-residential nature—of seventeen children at an orthopaedic clinic.

No organised scheme at present exists for the treatment of Orthopaedic cases and these are referred to one or other of the voluntary hospitals in the locality for specialist attention.

It is intended to bring this matter before the Committee for review in the near future.

**Children with Heart Disease.**

Twenty-nine children are noted as above.

Twenty three of these attend Public Elementary schools and six do not attend school at all.

Five cases of organic heart disease were found at Routine Medical Inspection during the year, and three such cases were ascertained as a result of Special examinations.

The well-being of children in this class who are permitted to attend school is carefully safeguarded, as special instructions are given to Head Teachers on their behalf and, in addition, periodical medical inspection of these cases is the rule.



## **Tuberculous Children.**

### **Pulmonary Cases.**

Seven such children are at present on our list and of these four attend Public Elementary schools and three do not attend any school.

Two cases were ascertained during the year and a further two cases are under observation as suspects.

### **Non-Pulmonary Cases.**

Six cases are known to us including one case found at Special Medical Inspection during the year.

Three of the above children attend Public Elementary schools, two are at present in institutions and one does not attend school, and is not receiving institutional treatment.

Close touch is kept with these cases by means of home visiting, and also through the Tuberculosis Officers at Wolverhampton and Dudley Dispensaries controlled by the Staffs. Wolverhampton and Dudley Joint Committee for Tuberculosis.

### **Multiple Defects.**

The number of these cases-four-has not altered since the last report.

Two suffer from Mental Defect and Crippling.

Two suffer from Mental Defect and Epilepsy.

One child is in an institution and one attends an Occupation Centre under the control of the Staffordshire Association for Mental Welfare.

### **Delicate Children.**

51 such children are in our area and of these 44 attend Public Elementary schools and seven do not attend school at all.

### **Follow Up Work.**

This branch of the service is efficiently carried out as the following table of the work performed by the School Nurse denotes :—

#### **School Nurse's Report.**

Visits to Schools for 'Routine Inspections'	80
Other Routine Visits to Schools	119
Following up visits to Children's Homes	850
Visits to Minor Ailments Clinics	150
Visits to Dental Clinics	54

It should be noted that the above table shows, as compared with previous years, a decided drop in the number of home visits paid.

This is a natural result of the increased calls made by the Minor Ailments Clinic and any further expansion of these clinics will encroach still more upon the time of the nurse available for other duties.

This is a point to which serious consideration will require to be given at the appropriate time.

### Arrangements for Treatment.

Previous reference has already been made to a change at Parkfield School.

The question of providing some scheme for the treatment of cases of tonsils and adenoids is one which calls for early consideration.

The staffs of the various voluntary hospitals in the neighbourhood are deserving of thanks for the generous manner in which they place their time at the disposal of any cases referred from the School Medical Officer.

**TABLE D.**

Work done in connection with Bayer Hall Clinic, year ended  
December 1936

No. of Sessions — 128.

	Boys.	Girls.	Total.
No. of Children attended	617	528	1,145
No. of Children treated	573	452	1,025
Re-attendances	536	454	990
Total attendances and re-attendances	1,153	982	2,135
Defects	Boys.	Girls.	Total.
Ringworm :—			
Scalp	—	—	—
Body	5	2	7
Scabies	—	—	—
Impetigo	387	299	686
Other Skin Diseases	76	48	124
Minor Eye Defects	5	4	9
Minor Ear Defects	8	2	10
Miscellaneous (e.g., Minor Injuries, Burns and Scalds, other Septic Conditions)	125	74	199
Totals	606	429	1,035



**TABLE E.**

Work done in connection with Parkfield Clinic, year ended December, 1936.  
No. of Sessions ..... 22.

	Boys.	Girls.	Total.
No. of Children attended .....	48	20	68
No. of Children treated .....	42	17	59
Re-attendances .....	53	29	82
Total attendances and re-attendances	101	49	150
Defects.	Boys.	Girls.	Total.
Ringworm :			
Scalp .....	2	—	2
Body .....	—	—	—
Scabies .....	—	—	—
Impetigo .....	29	9	38
Other Skin Diseases .....	1	1	2
Minor Eye Defects .....	2	1	3
Minor Ear Defects .....	2	—	2
Miscellaneous ( <i>e.g.</i> , Minor Injuries, Burns, and Scalds Other Septic Conditions) .....	9	7	16
Totals .....	45	18	63

### Infectious Diseases.

Table F shows the number of cases of infectious diseases notified to the Medical Officer of Health as occurring in children between 5 and fifteen years during 1936.

**TABLE F.**

Infectious Diseases Notified during 1936 to the Medical Officer of Health.  
At ages 5—15 years.

	At Specified Ages—Years.					
	5—10.		10—15.		Totals.	
	M.	F.	M.	F.	M.	F..
Diphtheria .....	9	7	1	4	10	11
Scarlet Fever .....	15	7	3	5	18	12
Pneumonia .....	6	1	—	2	6	3
Non-Pulmonary T.B. ....	1	—	—	—	1	—
Pulmonary T.B. ....	—	1	—	—	—	1
Erysipelas .....	—	—	—	—	—	—
Meningococcal Meningitis .....	—	—	—	—	—	—
Encephalitis Lethargica .....	—	—	—	—	—	—
Dysentery .....	—	—	—	—	—	—
Acute Poliomyelitis .....	—	—	—	—	—	—
Totals .....	31	16	4	11	35	27

The two diseases most prevalent in the previous year, Scarlet Fever—72 cases, and Diphtheria—29 cases show a markedly decreased incidence and have dropped to 30 and 21 cases respectively.

Five of the cases of Diphtheria were in the register of one school, but one of these was actually in the Hopfields when the condition was first suspected.

Special visits were paid to the school and energetic measures adopted to check the possible further spread with satisfactory results.

It is quite appropriate in this report to point out that all children suffering from sore throats are worthy of receiving skilled medical advice at the earliest possible moment and this, in fairness not only to the cases themselves, but to all with whom they may have associated.

### Non-Notifiable Infectious Diseases.

The following figures must be regarded as approximate only, being taken from weekly returns made by the Head Teachers and not authenticated in many cases by Medical Certification.

TABLE G.

List of Infectious Diseases Notified by Head Teachers from each School.

School.	Scar- let Fever.	Diph- theria	Measles	German Measles.	Whoop- ing Cough.	Chick- en Pox	Mumps.	S D ca
Daisy Bank Junior	—	2	—	—	—	3	21	
Daisy Bank Infants	—	1	—	—	9	—	17	
Mt. Pleasant Senior	—	—	—	—	—	1	4	
Mt. Pleasant Junior	2	6	51	—	12	21	10	
Hurst Hill Junior	—	—	1	—	3	1	24	
Hurst Hill Infants	1	—	11	—	31	—	22	
Broad Lanes Senior	6	3	7	—	4	2	11	
Broad Lanes Infants	—	—	24	—	7	1	23	
Lane field Junior	1	—	1	—	3	4	28	
Parkfield Infants	—	—	9	—	13	1	26	
Christ Church Junior	4	4	5	1	5	3	10	
Christ Church Infants	5	—	7	—	41	40	34	
St. Mary's Junior	—	1	2	—	—	4	11	
St. Mary's Infants	1	—	2	—	10	7	14	
West Coseley Infants	—	—	7	—	7	20	13	
Manor Senior Boys'	1	—	—	—	1	—	7	
Manor Senior Girls'	6	—	1	—	—	1	2	
Totals	27	17	128	1	146	109	277	

The above figures show that the past year has produced a high incidence of what are commonly but erroneously, regarded very often as being diseases which if not exactly normal, are at any rate relatively unimportant chapters in school life.

The effective control of these diseases is often a very difficult matter to achieve.

### **Open Air Education**

No open air schools exist in the area.

### **Physical Training.**

The organisers of the local scheme have reported to the Education Committee at some length upon various aspects of the matter.

A suggested time-table, choice of suitable wearing apparel, equipment of gymnasia and the importance of securing playing fields near the schools were all among the points mentioned.

It will be noted in the latter connection that Coseley have acquired a site near Broad Lanes School.

### **Provision of Meals.**

The number of children receiving milk in the schools at a reduced rate was 1,421, a slight increase over last year.

This refers to individual children and practically all of these take milk as a routine throughout the school year.

Opportunity was taken in the course of the year to urge the Head Teachers to extend the scheme as far as possible.

### **Co-Operation of Parents and Attendance Officer.**

A very high proportion of parents continue the admirable practice of attending any medical or dental inspection to which their children may be called.

This is a course which, from the point of view of the School Medical Service, commends itself thoroughly as it at once implies a readiness to assist on the part of the parents concerned.

The School Attendance Officer never fails to give a ready response to any request for assistance.

### **Voluntary Bodies.**

The Staffordshire Association for Mental Welfare—to which the Annual grant of £30 by the Coseley

Education Committee has been renewed—continues to give efficient and tactful service in its particular sphere.

The National Society for the Prevention of Cruelty to Children has continued to give valued assistance in any cases suitable for their intervention.

### **Blind, Deaf, Defective and Epileptic Children.**

Dr. C. H. Waddell continues to act as officer under section 55 Education Act 1921 and section 31 Mental Deficiency Act, 1913.

#### **Blind Children.**

The two blind children belonging to the district are both in Birmingham Royal Institute for the Blind.

There are three partially sighted children in the area.

#### **Deaf Children.**

Three such cases are noted and two of these are in Certified Schools for the Deaf.

There is one partially deaf child in the area who attends a Public Elementary school.

#### **Epileptic Children.**

The one case on the list is in Soss Moss Residential School near Manchester.

#### **Mentally Defective Children.**

##### **Feeble Minded Children.**

Seventeen of these children are in our area and eleven of these attend Occupation Centres under the Staffordshire Association for Mental Welfare.

I append the report from Miss Tosh, B.A., the Organising Secretary of the Association on the work carried out by her organisation for the Coseley Education Committee during 1936.

### **STAFFORDSHIRE ASSOCIATION FOR MENTAL WELFARE.**

Report on work carried out for Coseley Education Committee during the year 1936.

I have pleasure in submitting a report on the work carried out by the Association during 1936 on behalf of the feeble-minded children in the area.

During the year 26 children have been on the books of the Association, four were referred during



1936. These children have been found to be unable to respond to the educational methods of the public elementary schools, and we welcome the opportunity that home supervision affords of trying in some measure to help them. 70 domiciliary visits have been paid by the staff, and many interviews held for the children's welfare. One boy has been admitted to hospital, and one has subsequently died. Of the others, 10 attend the Bilston Occupation Centre, and in these cases our home supervision is supplemented by daily training along progressive lines to which all supervision should lead. The children have very varying needs, and it is clearly important to endeavour to discover the reasons for the backwardness of each child in his school work, and try to remove some of the obstacles to his progress. The nervous child may need encouragement; in some cases physical conditions need treatment, some times there is disharmony in the home. There is rarely deliberate unkindness on the part of the parents, but often a lack of understanding, due to disappointment at the defective child's slow response, which causes an atmosphere paralysing to the child's development. We are particularly glad to hear of more young children in the area this year, as the importance of ascertainment at an early age cannot be overestimated. The question of diagnosis of defect and classification of mentally defective children is the foundation for administrative machinery to provide practical arrangements for special training for the children. A chapter of the Annual Report of the Chief School Medical Officer of the Board of Education just published is devoted to this question of accurate diagnosis and the use of various intelligence tests, notification and classification, for without such ascertainment, defectives are deprived of the benefits they might have had under the Mental Deficiency Acts. The same need for careful investigation into physical and mental causes of retardation or misbehaviour in normal children has led to the establishment of Child Guidance Clinics in many parts of the country. There would be wide scope for such a clinic in Staffordshire also.

Notification of suitable children secures for them care for the whole of their lives. Unfortunately there is still no provision by legislation for notifying feeble-minded children to the Local Authority on leaving the ordinary schools at 14 years, when their defectiveness

is well known to the School Medical Officer and teachers, and also their need for further care. In this county the Association is able to secure supervision for them, and in due course they are reported to the County Council on becoming 16 years old. Two defectives became 16 during 1936.

In some cases where the School Medical Officer has decided to exclude a child from School, he is admitted for daily training to the Bilston Occupation Centre, which is organised for the training of those children who have been notified to the County Council under the Act. 10 children attend from Coseley. A visit to the Centre gives ample proof of the latent capacities which each of these children possesses. Although they may never attain any facility with the three R's, they often can and do develop along practical lines and gain in social adaptations, which is the first essential for the well-being of any community.

Physical exercises, dancing, percussion band, speech training, story telling and handwork, as well as personal hygiene all have their place in the curriculum. The children are well able to sense the joy of such events as parties, Flower Shows, Harvest Thanksgiving, and their summer camp holiday. We greatly appreciated the support and interest of members of the Education Committee in regard to the camp which six children from the area attended.

The good results of Centre training for lower grade defectives in socialising them and making them useful in their own homes, is proof of the still more satisfactory results which could be expected from the training given in special schools and classes for the higher grade children, and we note with interest the statement in the Board's Annual Report that over the whole country more schools for such training are needed, and recommending the provision of both special classes and schools for the teaching of retarded and defective children.

We sincerely appreciate the continued co-operation of the Coseley Education Committee, and would like to express our thanks for the advice and help given by the Officers of the Committee to us in our work in the area.

F. H. TOSH.

Organising Secretary,

12th February, 1937.



## **Health Education.**

### **Lectures and Demonstrations.**

A talk was given to the pupils of one of the senior schools by the Medical Officer of Health and the Sanitary Inspector. The various ways in which a Health Department interests itself in the lives of the community were explained.

The Health Visitors also give one lecture and one demonstration per school per term to the pupils of the the three senior schools. The care and management of young children form the theme and the girls are later permitted to attend a session at the Infant Welfare Centre at Bayer Hall.

### **Propaganda.**

A scheme to encourage the children to take a keen interest in their health and habits, was commenced in one of the Junior Schools and adopted enthusiastically.

Leaflets issued by the Dental Board of the United Kingdom continue to be issued to the pupils of the senior schools.

### **Visits.**

The pupils of the senior schools continue to make visits to works and places of interest including modern dairy premises.

TABLE I.

**Medical Inspections of Children attending Public Elementary Schools.**

**A.—ROUTINE MEDICAL INSPECTIONS.**

Number of Inspections in the prescribed Groups :—				
Entrants	.....	.....	.....	414
Second Age Group	.....	.....	.....	431
Third Age Group	.....	.....	.....	457
Total				1,302
Number of other Routine Inspections				—
Grand Total				1,302

**B.—OTHER INSPECTIONS.**

Number of Special Inspections	.....	.....	.....	212
Number of Re-Inspections	.....	.....	.....	493
Total				705

**C.—CHILDREN FOUND TO REQUIRE TREATMENT.**

Number of individual children found at Routine Medical Inspection to require treatment (excluding defects of Nutrition, Uncleanliness & Dental Diseases).

Group.	For defective vision (excluding squint).	For all other conditions recorded in Table II A.	Total.
(1)	(2)	(3)	(4)
Entrants	—	186	186
Second Age Group	21	148	169
Third Age Group	45	100	145
Total (Prescribed Groups)	66	434	500
Other Routine Inspections	4	—	4
Grand Total	70	434	504

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1936.

	DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment (2)	Requiring to be kept under observation, but <i>not</i> requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation, but <i>not</i> requiring Treatment. (5)
SKIN	(1)				
	(1) Ringworm—Scalp	—	—	2	—
	(2) " Body	—	—	—	—
	(3) Scabies	—	—	—	—
	(4) Impetigo	—	—	7	—
	(5) Other Diseases (Non-Tuberculous)	30	1	13	—
	Total (Heads 1 to 5)	30	1	22	—
EYE	(6) Blepharitis	15	—	1	—
	(7) Conjunctivitis	1	—	—	—
	(8) Keratitis	—	—	—	—
	(9) Corneal Opacities	1	—	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)	4	—	3	—
	Total (Heads 6 to 10)	21	—	4	—
	(11) Defective Vision (excluding Squint)	66	—	4	—
	(12) Squint	17	—	—	—

TABLE II. (A)—Continued.

A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1936.

	DEFECT OR DISEASE	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS	
		No. of Defects.		No. of Defects	
		Requiring Treatment (2)	Requiring to be kept under observation, but not requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation, but not requiring Treatment (5)
21	EAR	(1)			
		{			
		{			
22	•NOSE AND THROAT	{			
		{			
		{			
		{			
		{			
	(21) Enlarged Cervical Glands (Non-Tuberculous)	136	97	5	—
	(21) Defective Speech	3	1	—	—
HEART AND CIRCULATION	(22) Heart Disease—Organic	5	—	3	—
	(23) " Functional	5	—	—	—
	(24) Anaemia	—	—	—	—
LUNGS	(25) Bronchitis	58	5	7	—
	(26) Other Non-Tuberculous Diseases	18	3	7	—

TABLE II. (A)—Continued.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1935.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment (2)	Requiring to be kept under observation, but not requiring Treatment (3)	Requiring Treatment (4)	Requiring to be kept under observation, but not requiring Treatment (5)
(1)				
TUBERCULOSIS	{ (27) Pulmonary—Definite			
	{ (28) " Suspected			
	{ Non-Pulmonary ;—			
	{ (29) Glands			
	{ (30) Bones and Joints			
	{ (31) Skin			
	{ (32) Other Forms			
	Total (Heads 29 to 32)			
NERVOUS SYSTEM	{ (33) Epilepsy			
	{ (34) Chorea			
	{ (35) Other Conditions			
DEFORMITIES	{ (36) Rickets			
	{ (37) Spinal Curvature			
	{ (38) Other Forms			
	{ (39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleaniness and Dental Diseases)			
	28	14	72	5
Total number of defects	697	439	162	11

B CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants .....	414	16	3.86	343	82.85	55	13.29	-	-
Second Age-group .....	431	50	11.60	337	78.19	44	10.21	-	-
Third Age-group .....	457	44	9.63	376	82.27	37	8.10	-	-
Other Routine Inspections	-	-	-	-	-	-	-	-	-
Total .....	1302	110	8.44	1,056	81.12	136	10.44	-	-



TABLE III.

## RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA

## BLIND CHILDREN.

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	—	2

## PARTIALLY SIGHTED CHILDREN.

Enter in this Section only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	3	—	—	3

## DEAF CHILDREN.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	1	3

TABLE III.—continued.

## PARTIALLY DEAF CHILDREN.

Enter in this section children who can appropriately be taught only in a school for partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution	Total
—	—	1	—	—	1

## MENTALLY DEFECTIVE CHILDREN.

## FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not merely dull or backward, are incapable by reason of mental defect of receiving benefit from the instruction in the ordinary Public Elementary Schools but are incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following table should include all such children except those who have notified to the Local Authority under the Mental Deficiency Act in accordance Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928. Papers relating to these children should be entered in the return of notified children Form 307M.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
—	1	—	†16	17

† Eleven of these children attend Occupational Centre.

## EPILEPTIC CHILDREN.

## CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the table only those children should be included who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
†1	—	—	—	1

† Soss Moss Residential School, Manchester.

**TABLE III.—continued.**  
**PHYSICALLY DEFECTIVE CHILDREN.**

**A.—TUBERCULOUS CHILDREN.**

Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculosis Officer should not appear in the table for the County, but in the table for the appropriate area.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere should be recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment should be recorded as delicate children provided the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

*(i) Children suffering from Pulmonary Tuberculosis.  
(Including pleura and intra-thoracic glands).*

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution.	Total.
—	4	—	3	7

*(ii) Children suffering from Non-Pulmonary Tuberculosis.  
category should include tuberculosis of all sites other than those shown in (i) above.*

At Certified Special Schools.	At Public Elementary Schools.†	At other Institutions.	At no School or Institution	Total.
—	3	2	1	6

It is essential that tuberculous children who are, or may be, a source of infection to others should be promptly excluded from Public Elementary Schools.

**B.—DELICATE CHILDREN.**

This section should be confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	44	—	7	51

TABLE III.—continued.

## C.—CRIPPLED CHILDREN.

This section should be confined to children (other than those diagnosed as tubercular and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who, generally speaking, are unable to take part in any complete sense in physical exercise or games or such activities of the school curriculum as gardening or forms of handicraft usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapacitated by reason of such physical defect of receiving proper benefit from the instruction in ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
—	8	—	2	10

## D.—CHILDREN WITH HEART DISEASE.

This section should be confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapacitated by reason of such physical defect of receiving proper benefit from the instruction in ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
—	23	—	6	29

## CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Information is only required in respect of children suffering from any combination of the following types of defect :—

Blindness (excluding partially sighted children).

Deafness (excluding partially deaf children).

Mental Defect (Feeble-minded).

Severe Epilepsy.

Active Tuberculosis.

Crippling (as defined in Section C above).

Heart Disease.

The clinical condition causing the defect need not be specified ; it will, for example, be sufficient to enter in Column 1,

Blind and Feeble-minded.

Deaf, Crippled and Heart.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total
Mentally Defective and Epilepsy	—	—	—	2	
Mentally Defective and Crippling	—	—	1	1	

† One of these children attends Occupational Centre.



TABLE IV.

## Treatment Tables.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.)

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Ringworm-Scalp :—			
(i) X-Ray Treatment. If none, indicate by dash	—	—	—
(ii) Other Treatment	2	—	2
Ringworm-Body	7	—	7
Scabies	1	—	1
Impetigo	724	—	724
Other Skin Disease	126	—	126
For Eye Defects (External and other, but exclu- ding cases falling in Group II.)	54	—	54
For Ear Defects	30	—	30
Cellaneous (e.g., minor injuries, bruises, sores, ailblains, etc.)	215	—	215
Total	1,159	—	1,159

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated at  
Minor Ailments—Group I.)

(1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including Squint)	40	41	81
Other defect or disease of the eyes (excluding those recorded in Group I)	—	14	14
Total	40	55	95
Of Children for whom spectacles were	Under the Authority's Scheme.	Otherwise.	Total.
	(2)	(3)	(4)
Prescribed	40	37	77
Obtained	40	37	77

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.													
Received Operative Treatment.												Received other forms of Treatment.	Total numb treat
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	6	49
—	—	—	—	14	1	17	11	14	1	17	11		

(i) Tonsils only.      (ii) Adenoids only.      (iii) Tonsils and Adenoids.      (iv) Other defects of the nose and throat.



**TABLE IV.**—*continued.*

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non- residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non- residential treatment at an orthopaedic clinic. (iii)	
No. of children treated	—	—	—	—	—	17	17

TABLE V.

## DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist :—

(a) Routine age groups :—

Age.	Number.
5	60
6	123
7	135
8	—
9	—
10	—
11	—
12	—
13	—
14	—

Total 318

(b) Specials 177

(c) Total (Routine and Specials) 495

(2) Number found to require treatment 473

(3) Number actually treated 368

(4) Attendances made by children for treatment 462

(5) Half-days devoted to :—

Inspection 4

Treatment 50

Total 54

(6) Fillings :—

Permanent Teeth 10

Temporary Teeth 13

Total 23

(7) Extractions :—

Permanent Teeth 155

Temporary Teeth 816

Total 971

(8) Administrations of general anaesthetics for extractions —

(9) Other Operations :—

Permanent Teeth 10

Temporary Teeth 145

Total 155

TABLE VI.

## UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurse

(ii) Total number of examinations of children in the Schools by School Nurse

(iii) Number of individual children found unclean

(iv) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921

(v) Number of cases in which legal proceedings were taken :—

(a) Under the Education Act, 1921

(b) Under School Attendance Byelaws

10,77

30



